



**Champlain Valley Area Health Education Center  
Health Careers Exploration  
FAHC Shadow Day Recommendation Form**

**Please Print or Type (both pages)**

Professional: Please return this form to Champlain Valley AHEC, 92 Fairfield Street, St. Albans, VT 05478 **before the application due date of March 28<sup>th</sup>**. You may also fax it, (802) 527-1632.

This student is applying to participate in the Health Careers Exploration *Shadow Day* program at Fletcher Allen Health Care (for more information about Champlain Valley AHEC's programs, please visit our website at [www.cvahec.org](http://www.cvahec.org)). Your assessment of this student is very important to us as it will help us evaluate if this student is suitable for the *Shadow Day* program.

Student's Name: \_\_\_\_\_ High School: \_\_\_\_\_

Your Name & Relationship w/student: \_\_\_\_\_

Please check **ALL** that apply to this student:

His/Her Social Skills:

- Interacts and communicates with adults in a respectful manner
- Is "shy" or "quiet", but does communicate well with others
- Has difficulty communicating in new settings/environments
- Has many friends with different interests and/or interacts well with peers
- Interacts with one group of peers and rarely interacts outside that group

His/Her Motivation:

- Is self-motivated and engaging
- Is open-minded and gets excited about learning new things
- Is only interested in learning about specific topics, has his/her own agenda
- Works hard

His/Her Personality & Skills:

- Is a leader
- Is a follower, but one that works hard to complete the task at hand
- Is able to identify and make good choices (in and outside of school)
- Good communicator (orally and written)
- Able to sit through presentations that may or may not be of interest
- Upbeat, positive attitude
- Is struggling with some difficulties in life right now
- Is a responsible, considerate, mature young adult

Has this student had opportunities to explore health care careers, post secondary schools or other aspects related to his/her future?



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Do you feel this student has the maturity and skills to interact appropriately and professionally in a health care setting, with patients and professionals? Please explain:

Student's strengths as you see them:

Student's challenges as you see them:

Please state your overall impression of this student and/or additional comments (Do you have any concerns about this student?):

Reference's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

May we contact you for follow-up questions? Yes \_\_\_\_ No \_\_\_\_

Best way to contact you: \_\_\_\_\_

(Please Print)

If there are any questions or concerns about this student, contact Jocie Mueller, Champlain Valley AHEC Program Coordinator, at (802) 527-1474 x214 or by e-mail at [jmueller@cvahec.org](mailto:jmueller@cvahec.org).

Thank you!