



Member School Districts: Airport, Flat Rock, Gibraltar, Grosse Ile, Huron, Riverview, Southgate, Trenton and Woodhaven-Brownstown

Health Science Application 2021-2022

Applicant Data:

Last Name: _____ First Name: _____ M.I. _____
Home/Mailing Address: _____
City _____ State ____ ZIP _____
E-mail Address _____
Home Phone _____ Cell Phone _____
School District _____ Counselor _____

I am willing to make a commitment to the Health Occupations program and follow all administrative policies, standards and practices of Downriver Career Technical Consortium including those of the school where I am placed, along with other locations such as Henry Ford Wyandotte Hospital or locations for student work-based learning.

Signature _____ Parent Signature _____

In order to be considered for admission to a DCTC Health Occupations program, the following conditions must be met:

Checklist

1	Completed Application Form	Y	N
2	See Counselor, obtain a copy of transcript and attendance profile or print your own copy from MiStar/eSchool/PowerSchool	Y	N
3	Student must provide a referral form which must be filled out by a <u>core curriculum teacher</u> , science preferred.	Y	N
4	Student must type a <u>one-page double-spaced</u> personal statement explaining the motivations in pursuing the Health Occupations program. At the end of that statement, list any additional information that may be helpful to the director in considering your application (volunteer services, organization involvement, honors received, awards or accomplishments)	Y	N
5	If selected for an off-site location, can you provide your own transportation	Y	N
6	Completed applications must be submitted to your high school counselor by: April 16, 2021	Y	N



Health Science Program Application 2021-2022

As criteria to enter the 1st year Health Science program, _____ must provide **current teacher references**. Please complete the form below. Thank you.

1. Length of time you have known this student and in what capacity? _____

2. Please evaluate the student by placing an "X" in the appropriate area.

	Above Average	Average	Below Average
A. The student has the ability to get along with others on a daily basis			
B. The student can be counted on (trustworthy) and is dependable			
C. The student takes initiative, is motivated and can work with minimal supervision			
D. The student has the ability to influence without authority & displays leadership			
E. The student has the ability to adapt to change & is open to different viewpoints			
F. The student displays punctuality on a daily basis			
G. The student follows classroom rules/policies and is conscientious			

3. Please add any comments, which will aid in evaluating the applicant's ability to work directly with patient care:

4. Would you hire this student? Why or why not?

5. Please indicate the strength of your overall recommendations by placing an "X" below. The recommendation status is based on the number of Above Average, Average, and Below Average responses that were selected above.

RECOMMENDED STATUS:

NOT RECOMMENDED	RECOMMENDED	HIGHLY RECOMMENDED
0-4 Above Average Checks	5 Above Average Checks	6-7 Above Average Checks

SIGNATURE: _____

E-MAIL: _____

DATE: _____

NOTE: THIS REFERENCE IS COMPLETELY CONFIDENTIAL. WE ASK THAT YOU ANSWER ALL QUESTIONS AS HONESTLY AS POSSIBLE.