



Health Science I Application 2022-2023

Applicant Data:

Last Name: _____ First Name: _____ M.I. _____

Home/Mailing Address: _____

City _____ State ____ ZIP _____

E-mail Address _____

Home Phone _____ Cell Phone _____

School District _____ Counselor _____

Do you have an IEP or 504 plan? _____ YES _____ NO

I am willing to make a commitment to the Health Science program and follow all administrative policies, standards and practices of Downriver Career Technical Consortium including those of the school/location where I am placed, along with other locations for work-based learning.

Student Signature _____ Parent Signature: _____

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

	Yes	No
1 Complete Application Form	Y	N
2 Provide copies of transcript and attendance profile obtained from a counselor or printed from MiStar/PowerSchool.	Y	N
3 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, student must be able to provide their own transportation	Y	N
6 Completed applications must be submitted to your high school counselor by: April 15, 2022	Y	N
7 Counselor: email scanned application with transcript/attendance/referral/504 Plan or IEP (if applicable), etc. to DCTC: melliott@dctc-cte.org	Y	N

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Health Science I Program Referral Form 2022-2023

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. The student can be counted on (trustworthy) and is dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. The student takes initiative, is motivated and can work with minimal supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. The student has the ability to influence without authority & displays leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. The student has the ability to adapt to change & is open to different viewpoints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. The student displays punctuality on a daily basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. The student follows classroom rules/policies and is conscientious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 (mark appropriate box):

NOT RECOMMENDED	RECOMMENDED	HIGHLY RECOMMENDED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-4 Above Average Checks	5 Above Average Checks	6-7 Above Average Checks

SIGNATURE: _____

E-MAIL: _____

DATE: _____

Due no later than April 15

Note: This reference is completely confidential. We ask that you answer all questions as honestly as possible.