

# UW School of Pharmacy

## STEP Summer Program- Recommendation Form

July 24-27, 2017  
sop.uw.edu/step



### Student Info:

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### Recommender Info:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Position: \_\_\_\_\_

Select the role that best describes your primary relationship with the student:

Teacher Counselor/Advisor      Other: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Assessment of Student's Performance and Potential:

- A) How would you rate the student for each of the following characteristics? Please check the rating that best describes the student in each category.
- B) Please provide a statement of support (250 words) in which you assess the student's potential to succeed in the summer program.

	Excellent	Good	Average	Poor	Not Observed
Intellectual ability in science and math					
Oral communication: Speaks clearly with precision and accuracy					
Written communication: Writing is precise, accurate, and grammatically correct					
Interpersonal relationships: Able to get along well with peers and superiors					
Ethics: Displays honesty, integrity and ethical behaviors					
Empathy: considerate, sensitive and tactful					

What is your recommendation concerning this student? (Please mark your answer below):

- I highly recommend this applicant
- I recommend this applicant, but with some reservations
- I am not able to recommend this applicant

**This form is due by March 17, 2017**

Please Return to Noelle Enguidanos  
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