**UW School of Pharmacy**

**STEP Summer Program - Recommendation Form**

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

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**Student Info:**

Student’s First Name: ___________________ Last Name: ___________________

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**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: ___________________

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**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.

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

**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

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This form is due by March 17, 2017

Please Return to Noelle Enguidanos  
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Mail: 1601 NE Columbia Rd., Box 357631, Seattle, WA 98195