

# Health Science Technology Education Unpaid Work-Based Learning Application

- Instructions:
1. Complete this form and return it to your counselor or health science teacher
  2. Get parent signature and return the Agreement Form
  3. Get three Teacher Recommendation Forms

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home address \_\_\_\_\_ City, Zip \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

List grades earned in the following courses:

Intro to Health Science Technology	_____
Health Science Technology I	_____
Biology	_____
_____	_____
(other relevant course)	

List your activities (including extracurricular):

\_\_\_\_\_  
\_\_\_\_\_

I understand that I must provide my own reliable transportation to and from clinical sites. Yes \_\_\_\_\_ No \_\_\_\_\_

Describe any previous experience related to health care \_\_\_\_\_

\_\_\_\_\_

What are your current career goals? \_\_\_\_\_

\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Attendance Record \_\_\_\_\_

\_\_\_\_\_  
Verification Signature

# Health Science Technology Education Teacher Recommendation Form

Student \_\_\_\_\_

Health Science Teacher \_\_\_\_\_

To the teacher: This student is applying for unpaid work-based learning program where students are placed in health care clinical facilities. Please evaluate the student and return this form to the health science teacher. This is a confidential report. At no time will the student be allowed to view this evaluation. Thank you for your professional assessment.

Please evaluate the following citizenship/character traits:

	Outstanding	Good	Fair	Poor
dependability	_____	_____	_____	_____
honesty/integrity	_____	_____	_____	_____
confidentiality	_____	_____	_____	_____
ability to follow instructions	_____	_____	_____	_____
follows rules	_____	_____	_____	_____
attitude	_____	_____	_____	_____
maturity	_____	_____	_____	_____
personal grooming	_____	_____	_____	_____
punctuality	_____	_____	_____	_____
cooperates with others	_____	_____	_____	_____
verbal communication	_____	_____	_____	_____
writing skills	_____	_____	_____	_____
sets realistic goals	_____	_____	_____	_____
problem-solving skills	_____	_____	_____	_____

Do you have any concerns about this student doing a health care clinical program?  
Please comment.

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\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date