



# CONFIDENTIAL SCIENCE TEACHER EVALUATION FORM FOR THE HEALTH STUDIES PROGRAM

Questions: Please email • Program Director, Thomas Wier, [twier@am-hs.org](mailto:twier@am-hs.org)

***This form is confidential and will be used solely for admissions into the Health Studies Program***

**APPLICANT:** Please complete this page and give the entire form to your current science teacher. He/She will return it directly to Archbishop Murphy High School.

**TO BE COMPLETED BY APPLICANT** (please print)

Student Name \_\_\_\_\_

last

first

middle

preferred

Address \_\_\_\_\_

street

city

state

ZIP

Home Phone: \_\_\_\_\_

Sex: F M

Birthdate: \_\_\_\_\_

- -

Current School: \_\_\_\_\_

Parents/Guardians:

_____	_____	_____	_____
Name	Phone (home)	Phone (work /cell)	E-mail

_____	_____	_____	_____
Name	Phone (home)	Phone (work /cell)	E-mail

**TO BE COMPLETED BY 8<sup>TH</sup> GRADE SCIENCE TEACHER**

*This student is applying to the Health Studies Program at AMHS. The Health Studies Program fosters student interest in health and health services. Committed to academic excellence, the program enhances student understanding of the healthcare field through a specialized curriculum and experiential learning. In keeping with the mission of AMHS, the program ultimately aims to cultivate respect for life and compassion for those in need. Please complete the remaining pages of this confidential form as accurately as possible and sign at the bottom of page 3. Please send completed form to:*

**Archbishop Thomas J. Murphy High School**

*Jana James, Director of Admissions*

12911 39th Ave. SE, Everett, WA 98208-6159

(425) 332-3036 / (425) 385-2875 FAX

[www.am-hs.org/admissions](http://www.am-hs.org/admissions)

Name of person completing form \_\_\_\_\_ E-mail \_\_\_\_\_

School \_\_\_\_\_ Telephone \_\_\_\_\_ Ext. \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

What are the first few words that come to mind to describe the applicant? \_\_\_\_\_

THE STUDENT:	All of the time	Most of the time	Some of the time	Rarely	Comments
Displays intellectual creativity					
Demonstrates higher-level thinking skills					
Works to potential					
Participates actively in class					
Works well independently					
Works well with others					
Completes work on time					
Manages time effectively					
Is punctual					
Responds appropriately to criticism					
Takes responsibility for actions					
Cooperates with teachers					
Respects the learning environment					
Relates well to others					
Treats others with respect and dignity					
Demonstrates integrity					
Demonstrates leadership qualities					
Participates in school activities					

Please give your realistic appraisal of the student's academic strengths/weaknesses, maturity, and work ethic. Indicate any unique talents, personal qualities, or special circumstances. Be sure to describe special accommodations, or modified curricula needed in the classroom.

---

---

---

---

---

---

---

---

---

---

Name of science course completed by the end of this school year _____
Current science text and publisher _____
I recommend this student for the Health Studies Program _____enthusiastically _____with confidence _____ with reservations _____ not at all
Additional comments:

**PRINTED NAME**\_\_\_\_\_

**SIGNATURE**\_\_\_\_\_ **DATE**\_\_\_\_\_