

Science Medicine and Related Topics (SMART) Program Summer 2024 Teacher/Guidance Counselor Recommendation Form

To the applicant/parent/guardian: This section is to be completed by the applicant/parent/guardian before giving it to a **current** teacher or guidance counselor who will provide the recommendation.

Applicant's Name:			Date of Birth: / /		
Last	First	Middle Initial	mo	day	year
Applicant's Address:					
Street		City	State	Zip Code	
Applicant's Phone Number: () -			Applicant's Email Address:		
Parent/Guardian's Phone Number: () -			Parent/Guardian's Email Address:		

To the Teacher or Guidance Counselor: The above applicant is seeking admission to the SMART Program at New Jersey Medical School, which is designed to assist students who wish to pursue careers in healthcare to optimize their potential for success. Please complete the evaluation form for the above named applicant. It is necessary for this form to accompany any additional comments to properly match documents to applicant files. If you are unable to provide the school seal, please mail in a school/district envelope with your signature across the seal. If you are emailing form, please email from official school email. **Emails are preferred.**

Evaluations must be sent directly to the Program Office by May 30, 2023 (admissions on rolling basis – do not wait until deadline)

No form will be accepted from parents/guardians

Please email to smartprogram@njms.rutgers.edu

or mail to: **New Jersey Medical School, The Office for Diversity and Community Engagement, Attn: SMART Program**
185 South Orange Avenue, MSB B-624
Newark, NJ 07103

If you have any questions, please contact us at (973) 972-5245.

1.) In what capacity do you know the applicant? _____ 2.) What is the length of acquaintance? _____

Please rate the applicant by checking the appropriate box which most nearly represents our opinion of the applicant

	Poor	Fair	Good	Excellent	Cannot Judge
Intellectual Ability					
Problem Solving Skills					
Motivation					
Ability to work with others					
Initiative					
Attentiveness to task					
Emotional Stability					
Overall Rating					

3.) Does this student have any disciplinary/behavioral issues?
 Yes No

4.) Do you have any other concerns about this student?
 Yes No

If yes to questions 3 or 4, please elaborate.

Please provide any additional comments that you believe may be helpful.

Signature _____	Printed Name _____	School Seal
School _____		
Address _____		
Phone () _____	Date _____	