

## SYEP/L.A.U.N.C.H. Recommendation Form

(to be given to your counselor or a teacher)

Student's Full Name: \_\_\_\_\_ School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

The above-named student is applying for the Kaiser Permanente West LA Summer Youth Employment Program internship for 2023.

This recommendation form along with an interview will aid in evaluating candidates who have a serious desire to participate in a healthcare focused program.

If you have questions or comments regarding this internship, please contact the Onsite Coordinator and Director of Volunteer Services [Rosemary.x.wilson@kp.org](mailto:Rosemary.x.wilson@kp.org) or (323) 857-3269. Thank you in advance for your participation.

**Counselor/Teacher:**

1. Due by April 14<sup>th</sup>
2. Submit as a pdf
3. E-mail to [Marcella.d.frazier@kp.org](mailto:Marcella.d.frazier@kp.org)
4. Email Subject line: Recommendation + student's first & last name

Counselor/Teacher completing form \_\_\_\_\_ Title: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Please rate the student using the scale provided. For responses of 2 or lower, please comment. Use N/A if not able to evaluate.	1= poor 3= average 5= excellent	Comments
Ability to keep commitments/meet deadlines		
Attendance		Number of absences:
Punctuality		Number of tardies:
Acts Responsibly		
Attitude		
Social Skills		
Respectfulness		
Initiative		
Leadership Potential		
Results Oriented		
Maturity		
Any Additional Comments:		

Overall impression of candidate: (please check one):

☐ Highly Recommend
 ☐ Recommend
 ☐ Recommend with Reservation
 ☐ Do Not Recommend