**General information**

What is the full name of the applicant that you are recommending for the 2017 Summer HIV/AIDS Research Program with the San Francisco Department of Public Health?

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| --- |
|  |

What is your relationship to the applicant? **(Mark “x” in the appropriate box)**

|  |  |
| --- | --- |
| Professor |  |
| Graduate student instructor/Teacher Assistant |  |
| Work supervisor |  |
| Volunteer supervisor |  |
| Other |  |

If other, please specify:

Your contact information:

|  |  |
| --- | --- |
| Name |  |
| University or organization |  |
| Email address |  |
| Phone number |  |

**Student recommendation (1-7)**

1. Please rate the applicant on the following domains: (**Mark “x” in the appropriate box**)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Outstanding | Above Average | Average | Below Average | Poor | Cannot comment or unknown |
| Maturity level |  |  |  |  |  |  |
| Communication Skills- written & verbal |  |  |  |  |  |  |
| Critical thinking skills |  |  |  |  |  |  |
| Initiative |  |  |  |  |  |  |
| Dependability |  |  |  |  |  |  |
| Dedication to working with underserved populations |  |  |  |  |  |  |
| Interest in substance use research |  |  |  |  |  |  |
| Interest in HIV/AIDS research |  |  |  |  |  |  |
| Intention to apply to graduate school |  |  |  |  |  |  |

1. Please describe the applicants greatest strength:
2. Please describe areas for growth for the applicant:
3. Please explain why the Summer HIV/AIDs Research Program is a good fit for the applicant:
4. Please describe any challenges or hardships, that you are aware of, that have impacted the applicant's academic performance. Please write none or unaware if those conditions apply:

**Student recommendation continued:**

1. Do you have any additional comments about the applicant that we should consider in our review of their application?
2. Do you have any reservations in recommending this individual?