

# ACADEMY OF EMERGENCY MEDICAL SCIENCE

Pine Forest High School 525 Andrews Road, Fayetteville, NC 28311  
Telephone: 910 488-2384 Fax: 910 488-0790

## REFERENCE

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

You have been selected by the above named student to provide reference material for their application to the Academy of Emergency Medical Science at Pine Forest High School. Please complete this checklist and return to the box of Michelle Quinn, RN or to Room 238.

1. In what capacity do you know this applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. If you are a teacher, what subject do you teach? \_\_\_\_\_
3. List the following for your class:  
Student's overall grade: \_\_\_\_\_  
Student's # of absences in your class: \_\_\_\_\_  
Student's # of tardies to your class: \_\_\_\_\_  
Is this student a discipline issue for your class? \_\_\_\_\_ If yes, please  
describe behavior: \_\_\_\_\_  
\_\_\_\_\_
4. Why do you think this student would benefit from classes in the Academy of Emergency Medical Science? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Characteristic</b>	<b>Poor</b>	<b>Fair</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>
<b>Integrity</b>					
<b>Leadership</b>					
<b>Honesty</b>					
<b>Patience</b>					
<b>Willingness To Learn</b>					
<b>Ethics</b>					
<b>Respect</b>					
<b>Dependability</b>					
<b>Tact</b>					

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Printed Name of Reference

Date

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Signature of Reference

Date