****

**CRASH Course Camp**

**Professional School Counselor Recommendation Form**

**CONFIDENTIAL**

Applicant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following student, , is applying to attend Baptist CRASH Course Camp, a camp designed to introduce health care as a viable and desirable career choice for the future.

1. Please explain any special qualities the student has.
2. Number of days the student has been absent: \_\_\_\_\_\_\_\_
3. Number of days this student has been tardy: \_\_\_\_\_\_\_\_
4. Has this student received any disciplinary referrals? \_\_\_\_\_\_\_\_

*(If yes, please explain or attach disciplinary record)*

\*Comments are extremely important to the selection committee. You may attach a separate sheet.

Do you recommend this student for Baptist’s CRASH Course Camp? Yes No

Guidance Counselor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Guidance Counselor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_