



Healthy Living Ambassador Program

Teacher/Adult Recommendation Form

****For NEW HLAs only****

Note to Applicant: This should be filled out by the Adult/Teacher/Coach of your choice. This person must not be related to you.

****The Teacher Recommendation Form is only necessary for New HLAs****

Note to Teacher/Adult: Please fill out this survey to the best of your ability. Form responses will not decide admission/acceptance into the Healthy Living Ambassador Program

Please submit this form with the rest of the HLA Application, please send it to the HLA coordinator, Will Easlea, at wgeaslea@ucanr.edu with the subject line:

HLA ADULT RECOMMENDATION FORM -- (Applicants Name)

Your Name:

Your Position/School:

Name of Teen
Applicant:

How do you know the
Applicant?

How long have you
known Applicant:

E-mail

Phone Number

Please answers these questions to the best of your ability,

Rating scale is 1-5, 5 is Very Good, 1 is Not Good

How would you rate the Applicants...

...follow-through on assignments?	1	2	3	4	5
... attendance record?	1	2	3	4	5
...accountability for their actions?	1	2	3	4	5
...ability to think creatively/ out-of-the-box?	1	2	3	4	5
...follow-through?	1	2	3	4	5
...leadership skills?	1	2	3	4	5
...reliability?	1	2	3	4	5

What else would you like to add about the Applicant?