

SCHOOL PRINCIPAL Recommendation—REQUIRED

Cascades East Area Health Education Center (CEAHEC) offers a Health Occupations & Job Shadowing program that gives students the opportunity to gain healthcare experience through a one-day or one-semester job shadow at various St. Charles Health System facilities. Students undergo a rigorous selection process and are required to get a TB test, complete safety, confidentiality, communication, as well as other trainings intended to prepare the student for the job shadowing experience.

This competitive program exposes the student to real-world healthcare situations and issues. As such, it is important that the each student possess the **character and maturity** necessary to participate in a professional healthcare environment. Students should be physically, mentally, and emotionally fit to participate in the program and should be in good academic standing with their place of study.

CEAHEC requires a recommendation from the school principal and the health occupations teacher (or equivalent) at the student's place of study. Please review the above criteria and complete the form below. Your signature indicates support for each student's placement in the Health Occupations & Job Shadowing Program.

| As the school principal, your signature indicated in the second section. | ates that, to your knowledge, he | one of the enrolled students has a |
|--|----------------------------------|------------------------------------|
| School Name: | Class Instructor: | Term |
| School Address: | | OR |

The following students possess the character and maturity necessary to participate and are in good academic standing at our school. Without reservation, I recommend these students for the CEAHEC Health Occupations/Job Shadowing program.

| Student Name | Current GPA |
|--------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| Student Name | Current GPA |
|---|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| School Principal Name (please print) | Title |
| · · · · · · · | |
| | |
| Signature of Principal | Date |
| | |
| Phone Number | Email |
| | |
| | |
| | |
| Signature of Class Teacher/Instructor/counselor | Date |
| e.g. a.a. o. o.a. o. o.a. o.a. o.a. o.a. | Date |
| | |
| Phone Number | Email |
| | |

For questions or concerns, please contact the CEAHEC Office at 541-706-4570.

Criminal background checks may be required for students over 18.

Updated 4/2022

