

**Student Services Coordinator and/or Instructor
Recommendation for Bridge to Health Sciences**

Student Name: _____
 Last **First** **MI**

Circle your response with 1 being poor and 5 being excellent.

Attendance: 1 2 3 4 5

Comments: _____

Attitude: 1 2 3 4 5

Comments: _____

Motivation: 1 2 3 4 5

Comments: _____

Persistence: 1 2 3 4 5

Comments: _____

Self-Discipline 1 2 3 4 5

Comments: _____

Cooperation 1 2 3 4 5

Comments: _____

Participation 1 2 3 4 5

Comments: _____

**Completes
Assignments** 1 2 3 4 5

Comments: _____

Please put a ✓ before the statement of choice.

_____ In my/our opinion, it would be reasonable to assume that
this student **COULD** successfully complete the Bridge class.

_____ In my/our opinion, it would be reasonable to assume that
this student **COULD NOT** successfully complete the Bridge
class.

Signature of Student Services Coordinator

Date

**Submit this form to Kimberly Schweiker, Lewis and Clark
Community College, BA 2405, Godfrey Road, Godfrey, IL 62035**