

## COHS Medical Careers Pathway Supplemental Application

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

Student Phone # \_\_\_\_\_

### Instructions:

1. **Schedule in an interview** with Mrs. Wulsin in HP3.
2. Complete this application in addition to the COHS specialized program application form. You may download this form from the school website or the Medical Careers Google Classroom (**code hrqxx9**).
3. Attach a print out of your course history and grades from synergy.
4. Print or copy the teacher recommendation form from the school website or the Medical Careers Google Classroom (**code hrqxx9**). Have at least **2 teachers complete a recommendation form and return forms to Mrs. Wulsin's Box by Jan. 22nd**
5. **Bring your completed supplemental application questions, course history and grades printout to your scheduled interview in HP3.**

Question #1: Describe a time when you have failed at something. How did you overcome this failure? What did you learn from this experience?

Questions #2 Describe an example of your leadership experience in which you have positively influenced others, helped resolve disputes or contributed to group efforts over time.

## **COHS Medical Careers Pathway Supplemental Application**

### **Teacher Feedback Form**

Dear COHS Teacher,

Your student is applying for the COHS Medical Careers Pathway. This 3 course pathway is designed for students who want to enter any patient care position in the medical field. Pathway students will have opportunities to interview industry partners, job shadow, tour medical facilities and colleges and ultimately work with patients by participating in an externship with a local industry partner. This requires our pathway students to show the upmost level of respect, responsibility and integrity when representing our pathway and working off campus with patients and our industry partners.

The Medical Careers staff and advisory board members respectfully ask for your participation in the student selection process by providing us feedback on your student who is applying for the program. Please complete the feedback form to the best of your knowledge and ability. Any information you can give about your experiences with the student will be greatly appreciated. If you have any questions or concerns, please do not hesitate to contact me at [jwulsin@egusd.net](mailto:jwulsin@egusd.net).

Thank you for your support.

*Jennifer Wulsin*

Medical Careers Pathway Instructor/Coordinator  
Cosumnes Oaks High School

**COHS Medical Careers Pathway Supplemental Application**

**Teacher Feedback Form- Due by Jan. 22<sup>nd</sup> 2019**

**Student Name:** \_\_\_\_\_ **Teacher Name:** \_\_\_\_\_

Name of Class student participated in: \_\_\_\_\_ Grade earned in class: \_\_\_\_\_

**For Teacher to complete and submit to Mrs. Wulsin's box:**

1. Please complete the following to your best ability.

Respectfulness	Below average	Average	Above Average	Not Witnessed/Seen
Responsibility	Below average	Average	Above Average	Not Witnessed/Seen
Listening Skills	Below average	Average	Above Average	Not Witnessed/Seen
Verbal Communication Skills	Below average	Average	Above Average	Not Witnessed/Seen
Written Communication Skills	Below average	Average	Above Average	Not Witnessed/Seen
Cooperation/Following Instructions	Below average	Average	Above Average	Not Witnessed/Seen
Collaboration/Teamwork	Below average	Average	Above Average	Not Witnessed/Seen
Leadership	Below average	Average	Above Average	Not Witnessed/Seen
Flexibility	Below average	Average	Above Average	Not Witnessed/Seen
Critical Thinking/Problem Solving	Below average	Average	Above Average	Not Witnessed/Seen

2. Do you recommend this student for the medical careers pathway? Yes No Maybe  
(circle your answer)

3. Please provide a brief statement explaining why you do or do not recommend this student.