



Health Sciences Collegiate Academy

2026 Application Materials

HEALTH SCIENCES
COLLEGIATE ACADEMY

Recommendation Form #1

Student's Name: _____

Student: Give this form to one of your current teachers or counselors. You must have two recommendations submitted to complete the application.

Teacher/Counselor: Please complete this form and email it to ESC@LSSC.edu by Feb. 27, 2026
The student waives his or her rights to review recommendations submitted for this application.

Please check the appropriate box:	N/A	Unsatisfactory	Below Average	Average	Above Average	Outstanding
Student's Academic Performance						
Student's Motivation						
Student's Thoroughness & Punctuality						
Student's Self-discipline						
Student's Cooperativeness and ability to work in groups/teams						
Student's Respectfulness and Consideration of Others.						
Student's Interest in STEM						
Student's interest in medical/health related professions.						

- Please check one: This student will excel in an accelerated curriculum.
 This student will do well in an accelerated curriculum.
 This student could do well in an accelerated curriculum, but I have reservations.
 This student is not ready for an accelerated curriculum.

Rationale for Checked Box: _____

Teacher Signature: _____ Subject: _____

School: _____





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COLLEGIATE ACADEMY

Recommendation Form #2

Student's Name: _____

Student: Give this form to one of your current teachers or counselor. You must have two recommendations submitted to complete the application.

Teacher/Counselor: - Please complete this form and email it to ESC@LSSC.edu by Feb. 27, 2026.
The student waives his or her rights to review recommendations submitted for this application.

Please check the appropriate box:	N/A	Unsatisfactory	Below Average	Average	Above Average	Outstanding
Student's Academic Performance						
Student's Motivation						
Student's Thoroughness & Punctuality						
Student's Self-discipline						
Student's Cooperativeness and ability to work in groups/teams						
Student's Respectfulness and Consideration of Others.						
Student's Interest in STEM						
Student's interest in medical/health related professions.						

- Please check one: This student will excel in an accelerated curriculum.
 This student will do well in an accelerated curriculum.
 This student could do well in an accelerated curriculum but I have reservations.
 This student is not ready for an accelerated curriculum.

Rationale for Checked Box: _____

Teacher Signature: _____ Subject: _____

School: _____

