

Due Jan. 22, 2021

### Advisor's Recommendation

It is the student's responsibility to print and provide this form to his/her advisor. This appraisal form can be emailed to by January 22, 2021 to [ohiohosa.14@gmail.com](mailto:ohiohosa.14@gmail.com) with an implied signature of approval or mailed to Jim Scott, Ohio HOSA, 5943 Ocala Court, Galloway, Ohio 43119 by the local advisor. Contents are confidential.

CANDIDATE'S NAME (First M. Last)

### Advisor's Appraisal

Description	Please type an "X" in the appropriate box.				
	Excellent	Very Good	Good	Fair	Poor
Applicant's demonstrated ability to lead others					
Applicant's overall character					
Applicant's demonstrated ability to be a team player					
Applicant's ability to follow the lead of others					
Reputation of applicant within chapter, school and community					
Applicant's reliability and timeliness					
Applicant's ability to follow through on a task					
Applicant's public speaking ability					
Applicant's academic acumen					

**Why do you recommend the applicant to be an officer?** (limited to the space provided below) *Please include the applicant's greatest strength and an area of potential growth based upon the above areas.*

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### Advisor's Signature

The above information is a true, sincere and honest appraisal of the Ohio HOSA officer applicant.

Chapter Advisor:	Date:
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