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Student Name:	Placement Destination:							
The student named on this form Health program at York University skills in a (domestic or internation community-based organization to committee in making its decision appreciate your evaluation of the Students were asked to submit the experience, while the other can also Global Health program staff will standard to the community of the community of the standard to submit the experience, while the other can be compared to the community of the co	ty. Durin mal) hea o a non- n about t e studen wo refer be relate contact	ig the pro- lth-base governn the stude it in a fever rences; a ed to the referees	acticum, the d work envir nental organ ent' participa w areas that it least one n ir employm e to verify the	y will app onment i ization. I ation in the are impo nust relate ent or vo	oly their know that can rang To assist the ne practicum ortant to thei te to their ac lunteer expe	wledge and ge from a selection , we would r success. ademic erience.		
2. Please indicate your assessn	nent of t	:he stude	ent's compe	tence in 1	the following	g areas.		
•	Poor	Fair	Average	Very Good	Excellent	Unable to Comment		
Verbal Communication				0000				
Written Communication								
Time Management								
Accountability								
Collaboration								
Problem-Solving								
Critical Thinking								
Adaptability								
Respect for Diversity								
Ability to work independently								
Engagement with global health issues								
3. Additional Comments:								
Referee Name: Organization:			Telephone					
Signature:		Date:						

The referee must **scan** and return to the Global Health Program at **globhlth@yorku.ca**, **or** place reference in a sealed and signed envelope and return it to the student so that s/he can submit it to the Global Health Program office (HNES 019).