CONFIDENTIAL REFERENCE REPORT

INSTRUCTIONS TO THE APPLICANT: Please provide this form to each of your three references.

Applicant's Name		**Applicant's Email**	

TO THE REFEREE: Please assess this applicant for the Johns Hopkins General Academic Pediatrics Fellowship. Fellows receive research training, structured mentorship, coursework, and protected time to develop independent scholarship in child health.

INSTRUCTIONS

(1) Complete the assessment table below. Rate the applicant in comparison with others at a similar level of training and experience.

(2) Attach a letter describing the applicant's preparation, research potential, interdisciplinary interests, suitability for training, strengths, areas for growth, and qualifications for a research career in school mental health, prevention science, implementation science, or related fields. **This form will not be reviewed without the accompanying letter.**

(3) DO NOT RETURN THE COMPLETED FORM TO THE APPLICANT. SUBMIT DIRECTLY WITH YOUR LETTER TO THE PROGRAM.

Assessment Area	N/A	Unable to judge	Poor Lowest 25%	Fair 26%-75%	Excellent 76%-90%	Outstanding 91%-100%
Research potential	☐	☐	☐	☐	☐	☐
Academic preparation	☐	☐	☐	☐	☐	☐
Potential for independent scholarship	☐	☐	☐	☐	☐	☐
Interest in child/family health research	☐	☐	☐	☐	☐	☐
Interdisciplinary collaboration	☐	☐	☐	☐	☐	☐
Written communication	☐	☐	☐	☐	☐	☐
Spoken communication	☐	☐	☐	☐	☐	☐
Ability to meet deadlines	☐	☐	☐	☐	☐	☐
Initiative	☐	☐	☐	☐	☐	☐
Leadership potential	☐	☐	☐	☐	☐	☐
Teaching or mentoring potential	☐	☐	☐	☐	☐	☐
Professionalism	☐	☐	☐	☐	☐	☐
Ability to function in a demanding training environment	☐	☐	☐	☐	☐	☐
Overall evaluation	☐	☐	☐	☐	☐	☐

Signature of person providing reference	**Printed name of person providing reference**	**Date**
Title of person providing reference	**Institution**	**Email Address**

JOHNS HOPKINS
SCHOOL of MEDICINE

Please email this form and your letter of reference to: GP-Fellowship@jh.edu Please reach out to this same address if you have questions. Thank you for your time.