St. John's Hospital

AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

# Reference Form
# Allied Health Programs

**TO BE COMPLETED BY APPLICANT:**

| | |
|---|---|
| Please place a check beside the school to which you are applying: | ☐ School of Clinical Laboratory Science<br>☐ School of Respiratory Care |

| |
|---|
| Print Name: |
| Address: |
| ☐ I wish to waive the right provided by the Family Education Rights and Privacy Act of 1974 (Buckley Amendment) to view this letter of recommendation in my file.<br><br>☐ I do not wish to waive this right. Rather, I wish to retain the right to view this letter in my file. |
| Signature: Date: |

**TO BE COMPLETED BY REFERENCE:**

The applicant named above has selected you as a reference for admission to the program. Please complete the section below and on the next page. You may use an additional sheet if you wish.

**Please type or print.** Thank you.

Name: _____

Institution/Position: _____

How well do you know the applicant? ☐ Very Well ☐ Fairly Well ☐ Slightly

How long have you known the applicant? _____

_____

In what capacity have you been associated with the applicant? _____

_____

_____

_____

(over)

Please place a check in the column that best applies to the applicant:

| | Below Average | Satisfactory | Above Average | No Opportunity to Observe |
|---|---|---|---|---|
| **Interpersonal Skills** | | | | |
| **Maturity** | | | | |
| **Dependability/Attendance** | | | | |
| **Adaptability** | | | | |
| **Integrity** | | | | |
| **Emotional Control** | | | | |
| **Organizational Ability** | | | | |
| **Initiative/Motivation** | | | | |
| **Problem Solving** | | | | |
| **Self-Confidence** | | | | |
| **Cooperation/Teamwork** | | | | |
| **Leadership Ability** | | | | |
| **Communication Skills - Oral** | | | | |
| **Communication Skills - Written** | | | | |
| **Laboratory Skills** | | | | |

Please give your personal reactions to this applicant noting:
**STRENGTHS:**

**WEAKNESSES:**

Please check only one of the following statements:
**NOTE:** Any *with reservation* or *I do not recommend* statements require an explanation in the space provided.

I recommend this applicant:

□ strongly and without reservation. □ with confidence. □ with reservation. □ I do not recommend this applicant.

Comments: _____

_____

_____

Signature: _____ Date: _____