

**OGDEN-WEBER APPLIED TECHNOLOGY COLLEGE
PRACTICAL NURSING PROGRAM REFERENCE FORM**

Section A: *This information is to be filled out by the applicant requesting the reference.*

Name of Applicant Requesting Reference: _____
(Print Applicant Name)

(Applicant Signature)

Name/Title of Evaluator: _____
(Please print or type information)

Address: _____

Phone #: _____

*To the Evaluator: You have been selected to supply a reference for the student named above for the Practical Nursing Program. **Please review the reference form carefully and make sure that you are able to evaluate the applicant on all categories, otherwise the applicant will only receive points for the categories scored.** This will become part of the student's file and thus will be available to him/her should the request be made as guaranteed by the Family Educational Rights and Privacy Act of 1974 and its amendments.*

Capacity in which you have known this applicant: Supervisor Instructor
(Circle the appropriate choice.)

Please complete your evaluation on the numerical rating scale of each of the following as it is related to the applicant's potential for pursuing nursing as a career. Comments in each area are helpful.

Skill	1	2	3	4	5
1. Communication: Verbal and Nonverbal	Poor		Average		Outstanding
Comments:					
2. Interpersonal Relationships:	Poor		Satisfactory		Outstanding
Comments:					
3. Appearance/Grooming:	Untidy		Usually Tidy		Always well-groomed
Comments:					
4. Motivation:	Poor		Fair		Excellent
Comments:					
5. Integrity:	Dishonest		Usually honest		Always honest, truthful
Comments:					

Skill	1	2	3	4	5
6. Punctuality/Absenteeism:	Often late or absent		Usually present; punctual		Excellent attendance; Always punctual
Comments:					
7. Dependability/Responsibility/Maturity:	Immature; undependable; irresponsible		Usually mature; dependable; responsible		Always dependable; assumes responsibility very well; very mature
Comments:					
8. Problem Solving/Decision Making/Critical Thinking:	Poor		Satisfactory		Excellent
Comments:					
9. Anxiety Level:	Very stressed & anxious		Stress level average somewhat anxious		Calm, in control in stressful, anxiety-provoking situations
Comments:					
10. Caring Attitude:	Rarely considers other's needs		Usually positive, caring attitude		Exceptional attitude of caring for & about others
Comments:					
Additional comments:					

Choose one of the following:

- I highly recommend this applicant to the Practical Nursing Program.
 I recommend this applicant to the Practical Nursing Program.
 I do not recommend this applicant to the Practical Nursing Program.

Please answer the following questions regarding the applicant:

- Yes No Has this applicant worked as a CNA, Respiratory Therapist, EMT, Surgical Tech, Paramedic, Medical Assistant, Home Health Aide, Pharmacy Tech, or Radiography Technician at your facility for more than six (6) months (*Please circle the applicant's job title.*)

Evaluator's signature: _____

Evaluator's Place of Employment: _____

Length of time you have known this applicant: _____

Thank you for your assistance in this important matter.

Use OWATC reference forms only; references on any other forms will be disqualified. Please place the evaluation in an envelope, write the applicant's name on front of envelope, sign your name over the seal of the envelope, and return to applicant.