REFERENCE FORM

I am applying to the following programs (please choose):

☐ Clinical Pastoral Education ☐ Nursing ☐ Paramedic Institute ☐ Radiologic Technology ☐ Surgical Technology

Please complete the information below and mail to the student

PLEASE PRINT OR TYPE.

SECTION I: TO BE COMPLETED BY APPLICANT

Last Name _____ First Name _____ Middle Initial _____

Under the Family Rights and Privacy Act of 1974, students enrolled at The Reading Hospital School of Health Sciences have access to their educational records, including letters of recommendation. However, students may waive their right to see letters of recommendation, and, therefore, the letters will be held in confidence. I waive the right to review the reference form.

Signature: _____ *Date:* _____

SECTION II: TO BE COMPLETED BY EVALUATOR

The above-named individual is applying to The Reading Hospital School of Health Sciences. Please rank the applicant in the categories below by placing an X in the appropriate box. Please provide a brief statement on the reverse side. Return the form as soon as possible to the student above. If an applicant has not signed the waiver above, he or she may request to see the letters of recommendation after enrolling in the School of Health Sciences.

Use Reverse Side for Written Statement	Excellent	Above Average	Average	Marginal	Poor	Unable To Rate
Ability to learn						
Ability to work independently						
Compassion						
Integrity						
Interpersonal skills						
Leadership ability						
Logical/analytical ability						
Oral expression						
Originality, intellectual creativity						
Perseverance toward goals						
Team member						
Tolerance of diversity						
Written expression						

What is your overall recommendation?

☐ Recommend with confidence ☐ Recommend ☐ Recommend with reservations ☐ Do not recommend

How long have you known applicant? _____

What is your relationship to applicant?

☐ Employer ☐ Supervisor ☐ Teacher/Instructor ☐ Counselor ☐ Clergy

Evaluator's Name: _____

Title: _____

Institution/Department: _____

Address: _____

_____

Phone: _____ E-mail: _____

Signature of Evaluator: _____ Date: _____

REFERENCE FORM
(CONTINUED)

Please use this space to comment about the applicant.