

REFERENCE REQUEST RN RESIDENCY CANDIDATE



Dear Nursing School Faculty Member,

I am submitting an application for the RN Residency program for new graduates at Children's Hospitals and Clinics of MN. Would you please complete this evaluation and return it to me in a sealed envelope. I need to submit this recommendation with the rest of my application by February 19, 2010.

Thank you for your assistance.

Section to be completed by candidate before submitting to evaluator:

Candidate's Name (please print): _____		
(Last)	(First)	(M.I.)
I authorize _____ to release the information requested below.		
(Name of person writing evaluation)		
_____ Signature of Applicant		_____ Date

Please evaluate the student on the following items in relation to other students you have taught.

SCALE	Top 5%	Top 10%	Top 25%	Top 50 %	Bottom 50%
Work Skills					
Clinical Judgment/Critical Thinking					
Organizational Ability					
Technical Skills					
Interpersonal & Communication Skills					
Attitude Toward Work					
Ability to adjust to new situations					
Integrity					
Personal Qualities					
Demonstrates leadership abilities					
Appearance					
Attendance					
Overall evaluation, how does this student compare to his/her peers?					

- Strongly Recommend
 Recommend
 Recommend with Reservations
 Do not Recommend

Please check all items that apply to this candidate:

- | | | |
|--|--|---|
| <input type="checkbox"/> Rarely Absent | <input type="checkbox"/> Appropriate response to stressful situation | <input type="checkbox"/> Meets deadlines |
| <input type="checkbox"/> Punctual | <input type="checkbox"/> Recognizes limitations and seeks assistance | <input type="checkbox"/> Shows initiative |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Frequently late or absent | <input type="checkbox"/> Flexible |
| <input type="checkbox"/> Reliable | <input type="checkbox"/> Unreliable or inconsistent performance | <input type="checkbox"/> Unmotivated |
| | <input type="checkbox"/> Needs reminders to meet expectations | |

Please list the student's talents and strengths:

Please list the student's areas for improvement:

Evaluator Signature _____ Date _____

Name (please print): _____ Title _____

Business Address _____

City/State/Zip Code _____ Business Phone _____