

**REFERENCE REQUEST
NEW GRAD RCP RESIDENCY CANDIDATE**

Dear RCP School Faculty Member,

I am submitting an application for the new Grad RCP Residency program at Children’s Hospitals and Clinics of Minnesota. 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 27, 2009.

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		_____ Date

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

SCALE	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 | <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 of improvements:

Evaluator Signature _____ Date _____
 Name (please print) _____ Title _____
 Business Address _____
 City/State/Zip Code _____ Business Phone _____