

**Advance Placement Practical Nursing
Department of Nursing
ISOTHERMAL COMMUNITY COLLEGE
Reference Form**

I am applying for admission to the Licensed Practical Nursing Program at Isothermal Community College. You have my permission to share information which would assist in the consideration of my application. Your comments will be kept confidential and I do hereby waive my right of access to this letter of recommendation.

Name of Applicant (Print, then sign) **Date**

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Please indicate your opinion of the applicant's characteristics in the following areas (check in the appropriate space).

| <u>I. Personal Characteristics</u> | Below Average | Average | Above Average | COMMENTS |
|--|------------------|---------|------------------|----------|
| A. Honest | _____ | _____ | _____ | _____ |
| B. Trustworthy | _____ | _____ | _____ | _____ |
| C. Cooperative | _____ | _____ | _____ | _____ |
| D. Neat | _____ | _____ | _____ | _____ |
| E. Friendly | _____ | _____ | _____ | _____ |
| F. Receptive to suggestions for improvement | _____ | _____ | _____ | _____ |
| G. Resourceful | _____ | _____ | _____ | _____ |
| H. Industrious | _____ | _____ | _____ | _____ |
| I. Polite | _____ | _____ | _____ | _____ |
| J. Assertive | _____ | _____ | _____ | _____ |
| K. Adaptable | _____ | _____ | _____ | _____ |
| L. Ability to handle stress | _____ | _____ | _____ | _____ |
| M. Ability to relate to co-workers | _____ | _____ | _____ | _____ |
| N. Emotional stability | _____ | _____ | _____ | _____ |

II. Please comment on the applicant's academic abilities and performances (if applicable).

| | Below Average | Average | Above Average | COMMENTS |
|--|------------------|---------|------------------|----------|
|--|------------------|---------|------------------|----------|

III. Work Characteristics

- | | | | | |
|--------------------------------------|-------|-------|-------|-------|
| A. Dependable | _____ | _____ | _____ | _____ |
| B. Thorough | _____ | _____ | _____ | _____ |
| C. Conscientious | _____ | _____ | _____ | _____ |
| D. Prompt | _____ | _____ | _____ | _____ |
| E. Organized | _____ | _____ | _____ | _____ |
| F. Works within given time period | _____ | _____ | _____ | _____ |

IV. Quality of Patient Care (if applicable)

- | | | | | |
|--|-------|-------|-------|-------|
| A. Safe | _____ | _____ | _____ | _____ |
| B. Administers treatment, etc. with skill | _____ | _____ | _____ | _____ |
| C. Provides explanations for patients | _____ | _____ | _____ | _____ |
| F. Shows warmth and concern for patients | _____ | _____ | _____ | _____ |

V. What was the reason for the applicant leaving your school/employ?

VI. What is your opinion regarding the applicant's suitability for studying to become a Licensed Practical Nurse?

Do Not Recommend _____ Recommend _____
Recommend with Reservation _____ Recommend Highly _____

VII. If you or a member of your family were advised by a physician to employ a Practical Nurse, would you have confidence in this applicant to employ him/her after graduation from this school? If not, why? _____

VIII. Additional Comments:

Please return reference *in an envelope sealed and signed by you to:*

**Dr. Debbie Wiltshire, Director of PNE
Isothermal Community College
P. O. Box 804
Spindale, NC 28160**

Signature (include title)

Address and Phone Number

