

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:*

Tina M Porter
Isothermal Community College
P. O. Box 804
Spindale, NC 28160

Signature (include title)

Address and Phone Number