



STUDENT REFERENCE

To be completed by student:

Student Name: _____ Date: _____

Address: _____

School Attending: _____

Anticipated Date of Graduation: _____

Instructor from Whom Requesting Reference: _____

I hereby give my authorization for the above mentioned person or school to give any information regarding me whether or not it is in their records. I realize that some information may be complimentary and some may be critical. I hereby release said hospital, school, or persons from all liability of any damage for issuing this information.

Signature: _____ **Date:** _____

To be completed by instructor:

Name of Instructor Giving Reference: _____

Specify Class/Course Title or Clinical Rotation: _____

Classroom Reference (if applicable): _____

Clinical Reference (please rate on a scale of 1-5):

1 – Weak 2 – Fair 3 – Average 4 – Good 5 – Excellent

Efficiency: _____ Attitude: _____

Ability to Get Along with Others: _____ Professionalism: _____

Attendance/Punctuality: _____ Critical Thinking Skills: _____

Interactions with Patients/Families: _____

Comments: _____

Would you recommend this student for employment? _____ If no, explain: _____

Instructor Signature: _____

Date: _____

Please return completed reference in sealed envelope.