

Ability to Work with Others						
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4. What do you consider to be the applicant's outstanding talents or strengths? (Please give specific examples.)

5. Please identify any areas of weakness or areas for improvement.

6. Are you aware of any factors that in your opinion would make this applicant unsuitable for advanced practice? Yes ___ No ___

If yes, please explain

7. Please evaluate the applicant's potential for advanced practice in relationship to accountability, autonomy, collaboration and clinical judgement.

8. How well do you think the applicant has thought out her/his plans for graduate study?

9. Do you recommend the applicant for graduate study? Yes ___ No ___

10. Additional Comments

The faculty of the UCLA School of Nursing may contact recommenders to verify authenticity of a recommendation.

We are aware that we are asking for considerable time and effort on your part in completing this form. Therefore, we want to assure you that your generous assistance in giving this appraisal is very helpful to us and greatly appreciated.

Signature _____

Name (please print) _____

Title _____

Facility _____

Address _____

Phone number: _____

Email: _____

Date _____