



Santina Abbate, PhD, MPA, MS, RN
Clinical Assistant Professor
School of Nursing
Health Sciences Center, Level 2
Stony Brook University
Stony Brook, New York 11794-8240

Date: _____

Name of Instructor: _____

Name of Nursing School/College: _____

Address: _____

Re:

Student's name: _____

The above-named individual has applied to Stony Brook University Hospital for Employment. The applicant indicates he/she was a student from _____ to _____. We would appreciate your completing the following questions and returning the form to us. All information will be held in the strictest of confidence. Thank you for your assistance in this matter.

I hereby authorize my school to furnish any information regarding my scholastic abilities and character and do hereby unconditionally release you from all liability for any damage whatsoever arising therefrom.

Signature of student/date: _____

Please rate student below:

EVALUATION	EXCELLENT	GOOD	FAIR	POOR
Clinical knowledge				
Clinical performance				
Dependability				
Attendance				
Initiative				
Cooperation				

Additional comments:

Verification signature/title: _____ Date: _____