



The student listed below is applying to the Graduate Nurse Program at University Medical Center. Please complete the following information as your reference on this student. Your reply will be considered highly confidential and taken into consideration for future employment. This form must be completed by a Nursing Clinical Instructor.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Criteria	(1) Poor	(2) Below Average	(3) Average	(4) Above Average	(5) Excellent
Initiative / Motivation					
Reliability / Attendance					
Flexibility					
Self-Esteem					
Clinical Skills					
Prioritizes Tasks Efficiently					
Rapport with Peers					
Rapport with Staff					
Rapport with Patients & Families					
Leadership Qualities					
Handles Stress / Anger Appropriately					
Professional Behavior					
Professional Appearance					

Overall Recommendation: (Check one category in which you would place this applicant)

- Recommend highly for employment without reservation
- Recommend for employment
- Recommend for employment with reservation
- Do not recommend for employment

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluation Completed by: Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 School of Nursing: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Place the evaluation form in an envelope and seal. Please sign your name across the seal and return envelope to the applicant for submission.**