Dear Nursing School Faculty Member,

I am submitting an application for a Student Intern Program at:

____________________________________________________________

Would you please complete the evaluation on the next page and return it to me in a sealed envelope. I need to submit the recommendations with the rest of my application. I must have my application returned by December 16, 2005.

Thank you for your assistance.

Section to be completed by applicant:

Name (please print) ______________________________

Name of School ______________________________

I have applied to _________________________Nursing Student Internship Program, and I authorize you to release the information requested on the next page.

Signature of Applicant __________________ Date ______________

______________________________

Reference Request Student Intern Program

Student Name

Please evaluate the student on the following items.

<table>
<thead>
<tr>
<th></th>
<th>Very Good Top 10%</th>
<th>Good Top 25%</th>
<th>Average</th>
<th>Below Average</th>
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<tbody>
<tr>
<td>Work Skills</td>
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<td>Clinical Judgment/ Critical Thinking</td>
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<td>Organizational ability</td>
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<tr>
<td>Technical Skills</td>
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<td>Interpersonal &amp; communication skills</td>
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<td>Attitude toward work</td>
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<td>Ability to adjust to new situations</td>
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<td>Integrity</td>
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<td>Personal qualities</td>
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<td>Appearance</td>
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<td>Attendance</td>
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</tbody>
</table>

Overall evaluation, how does this student compare to his or her peers?

Upper Third | Middle Third | Lower Third

Please check all items that apply to this applicant.

- Rarely absent
- Appropriate response to stressful situations
- Meets Deadlines
- Punctual
- Recognizes limitations and seeks assistance
- Shows initiative
- Enthusiastic
- Frequently late or absent
- Flexible
- Reliable
- Unreliable or inconsistent performance
- Unmotivated
- Needs reminders to stay on task or meet expectations

Please list the student’s talents and strengths:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Please list the student’s areas for improvement:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Signature ___________________________ Date ______________________
Name (please print) __________________ Title ________________
Street Address ___________________________________________________________
City – State - Zip _________________________________________________________
Phone (daytime) ___________________ Other _____________________________