

Minnesota State University, Mankato

REFERENCE FORM

As part of the admission procedure, I am requesting that you submit an assessment of my professional abilities in the areas listed below.

I do _____ do not _____ waive my right of access of confidential statements and recommendations recorded below. Thank You.

Applicant's Name: _____ Phone _____ Date: _____

Evaluator: Please circle one number in each category that best describes the applicant. Add explanatory comments in the space provided or separate attachment.

	Unable to Response/Not <u>Observed</u>	Unsatisfactory <u>Poor</u>	Satisfactory <u>Top 50%</u>	Very Good <u>Top 33%</u>	Superior <u>Top 15%</u>	<u>Comments</u>
1. Competence in nursing practice.	0	3	5	7	9	
2. Ability to work with others.	0	3	5	7	9	
3. Analytical, conceptual, and process skills.	0	3	5	7	9	
4. Ability to be self-directive.	0	3	5	7	9	
5. Leadership/management qualities.	0	3	5	7	9	
6. Potential for graduate study.	0	3	5	7	9	

7. I have known the applicant as a (n) _____ for _____
(Employee, student, co-worker, other specify) (Length of time)

8. What do you consider to be the applicant's outstanding talents or strengths? (Please give specific examples.)

9. What do you consider to be the applicant's major liabilities or weaknesses?
