



301 Becker Avenue S.W.
Willmar, MN 56201

Dear Nursing School Faculty Member,

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

Would you please complete the evaluation on the reverse side 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 5, 2008.

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 back.

Signature of Applicant

Date

Reference Request Student Intern Program

Student Name _____

Please evaluate the student on the following items.

	Top 5 %	Top 10 %	Top 25%	Top 50%	Bottom 50%
Work Skills					
Clinical Judgment/ Critical Thinking					
Organizational ability					
Technical Skills					
Interpersonal & communication skills					
Attitude toward work					
Ability to adjust to new situations					
Integrity					
Personal qualities					
Appearance					
Attendance					

- Strongly recommend
 Recommend
 Recommend with Reservations
 Do not recommend

Please check all items that apply to this applicant.

- | | | |
|--|---|---|
| <input type="checkbox"/> Rarely absent | <input type="checkbox"/> Appropriate response to stressful situations | <input type="checkbox"/> Meets Deadlines |
| <input type="checkbox"/> Punctual | <input type="checkbox"/> Recognizes limitations and seeks assistance | <input type="checkbox"/> Shows initiative |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Frequently late or absent | <input type="checkbox"/> Flexible |
| <input type="checkbox"/> Reliable | <input type="checkbox"/> Unreliable or inconsistent performance | <input type="checkbox"/> Unmotivated |
| | <input type="checkbox"/> 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 _____