

**APPLICANT REFERENCE FORM
MEDICAL LABORATORY SCIENCES PROGRAM**

Applicant's Name _____

RELEASE OF ACCESS TO THIS RECOMMENDATION: The applicant must complete and sign the following statement before submitting this form to the evaluator. This request is in compliance with Federal Law PL 93-380, Family Educational Rights and Privacy Act of 1974.

_____ I waive my right of access to this letter of recommendation.

_____ I do not waive my right of access to this letter of recommendation.

Signature of Applicant

TO THE EVALUATOR: Please circle the number which most closely corresponds to the applicant's behavior. Evaluators are encouraged to add any additional comments.

1. In what capacity have you been associated with the applicant?

- A. _____ As one of my students
- B. _____ As one of my subordinates at work
- C. _____ As a peer in a work situation
- D. _____ As a friend
- E. _____ Other capacity (specify) _____

How well do you know applicant? A. ____ Very well; B. ____ Fairly well; C. ____ Slightly

How long have you known the applicant? _____

To what peer group will you compare applicant? _____

PLEASE INDICATE YOUR OPINION OF THIS APPLICANT WITH REGARD TO EACH FACTOR BY CIRCLING THE APPROPRIATE RATING.

1. DEPENDABILITY/ATTENDANCE

- 5 Always punctual, no unexcused absences or short notice of absence
- 4
- 3 Usually punctual
- 2
- 1 Often tardy or frequent unnotified absences
- 0 Not observed/unable to judge

2. COOPERATION

- 5 Works enthusiastically under supervision, does assigned tasks and adapts to new situations cheerfully; will do or ask for extra assignments, facilitates group cooperation
- 4
- 3 Does assigned work but seldom works or shows interest beyond that task/average team player
- 2
- 1 Argumentative with supervisor or peers; not a good team worker and not adaptable
- 0 Not observed/ unable to judge

3. COMMUNICATION

- 5 Able to communicate clearly and concisely with others, easy to talk with
- 4
- 3 Usually communicates adequately, sometimes uncomfortable with people
- 2
- 1 Inconsiderate of others' feelings, incommunicative
- 0 Not observed/unable to judge

4. EMOTIONAL CONTROL

- 5 Even tempered, tactful, congenial even when harassed, thinks and acts responsibly and reliably even under stress
- 4
- 3 Sometimes becomes flustered or confused, may interfere temporarily with functioning
- 2
- 1 Goes to pieces under stress, loses temper easily, becomes querulous and stubborn
- 0 Not observed/unable to judge

5. DECISION-MAKING ABILITY

- 5 Makes decisions thoughtfully and in a timely manner, able to weigh aspects of a situation and set priorities, makes "right" decision
- 4
- 3 Usually makes best decision after some thought, at times some uncertainty or difficulty setting priorities
- 2
- 1 Unable to set priorities, often changes mind, unsure of self
- 0 Not observed/unable to judge

6. PROFESSIONAL CURIOSITY

- 5 Asks questions, reads about work or class related issues, eager to learn and/or grow
- 4
- 3 Keeps up with necessary information relating to work/class
- 2
- 1 Uninterested in work beyond daily performance of tasks or minimal requirements
- 0 Not observed/unable to judge

7. ACCURACY/CONSIDER MANUAL DEXTERITY

- 5 Work is very accurate and done in less than the assigned time
- 4
- 3 Work usually only needs minor corrections or suggestions for improvement and usually is done in the assigned time
- 2
- 1 Not observed/unable to judge

8. DETERMINATION – MOTIVATION

- 5 Always sets goals and always completes them, persistent without being dogmatic or tunnel-visioned, self-disciplined
- 4
- 3 Capable of pursuing a goal even when faced with minor obstacles, will sometimes opt for easier alternative
- 2
- 1 Changes mind frequently, seldom finished tasks begun, few or uncertain personal or career goals
- 0 Not observed/unable to judge

Has this student required tutoring, had to retake exams or otherwise had difficulty in courses? ___ Yes ___ No
If yes, please explain:

Do you have any reason to question this student's honesty or integrity? ___ Yes ___ No
If yes, please explain:

How would you feel about having this person in a responsible position under your direction:

- | | |
|---|--|
| A. ___ Definitely would want him/her | D. ___ Would prefer not to have him/her |
| B. ___ Would want him/her | E. ___ Definitely would not want him/her |
| C. ___ Would be satisfied to have him/her | F. ___ Unable to judge |

**NARRATIVE COMMENTS (Please state specific strengths and weaknesses that you have observed.)
(Include extra pages if you wish.)**

Signature _____ Type or print name _____

Mailing Address _____ Position _____

_____ Date _____

Return to: Lindsey Mullenbach, MLS (ASCP) lindsey.mullenbach@unitypoint.org
Medical Laboratory Science Program
St. Luke's Hospital
1026 A Avenue NE
Cedar Rapids, IA 52402

PLEASE RETURN THIS FORM TO THE ABOVE ADDRESS BY OCTOBER 15th!