

**ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN
CLINICAL LABORATORY SCIENCE PROGRAM**

STUDENT REFERENCE FORM

APPLICANT NAME: _____

EVALUATOR NAME: _____ **Phone#:** _____
(Please print)

TO THE EVALUATOR: The above-named applicant has requested that you evaluate him/her as a candidate to the Clinical Laboratory Science Program at St. Christopher's Hospital for Children. In order to fairly evaluate all students, we must use this form to establish a common base. However, you may add a personal letter of recommendation if you so desire. To find out whether or not the evaluation will be confidential, check the choice made by the applicant in the waiver below.

THE APPLICANT MAY WAIVE THE RIGHT OF ACCESS TO WRITTEN EVALUATIONS AS PROVIDED FOR UNDER THE FAMILY EDUCATIONAL AND PRIVACY ACT OF 1974. PLEASE INDICATE YOUR WISHES BY SIGNING EITHER STATEMENT A OR B BELOW.

A. I hereby waive my right of access to the evaluation provided by the person named above and he/she should be hereby notified that the confidentiality of the evaluation is preserved.

Applicant's signature: _____ **Date:** _____

B. I do not waive my right of access to the confidential evaluation provided by the person named above, and he/she should be notified that I retain my right of access. Thus the confidentiality of the evaluation is not guaranteed. Moreover, I understand that not waiving my right of access is not prejudicial to my application.

Applicant's Signature: _____ **Date:** _____

* * * * *

A. Acquaintance with the applicant:

1. Length of time: _____

2. In what capacity: _____

Rev: 7/02

B. The following traits are to be evaluated primarily on personal qualities believed relevant to an individual's performance and development in Clinical Laboratory Science. Indicate your appraisal of the applicant on a scale of 1-5, in which 5 indicates the trait is excellent. The alternate words in parenthesis may not correlate with the trait for this individual; if they do not, please circle the ones that do not correlate and explain why on the lines provided for "Explanation".

5 = Excellent	2 = Below average
4 = Above average	1 = Unsatisfactory
3 = Average	0 = Unable to evaluate

- | | | | | | | |
|--|---|---|---|---|---|---|
| 1. Interpersonal relationship skills (cooperative, tactful, assertive, leadership potential) | 5 | 4 | 3 | 2 | 1 | 0 |
| 2. Character (honest, trustworthy, dependable, responsible, reliable, respectable, ethical) | 5 | 4 | 3 | 2 | 1 | 0 |
| 3. Communication skills (articulate, clear, vocal, grammatical, responsive, attentive) | 5 | 4 | 3 | 2 | 1 | 0 |
| 4. Industry (diligent, prompt, aggressive, reliable, persistent, good organizer, initiative) | 5 | 4 | 3 | 2 | 1 | 0 |
| 5. Judgment (moral, ethical, realistic, prudent, critical, responsible) | 5 | 4 | 3 | 2 | 1 | 0 |
| 6. Knowledge of profession (opportunities, challenges, responsibilities) | 5 | 4 | 3 | 2 | 1 | 0 |
| 7. Maturity (stability, self-awareness, responsive to criticism, self-discipline) | 5 | 4 | 3 | 2 | 1 | 0 |
| 8. Motivation (need to succeed, initiative, commitment) | 5 | 4 | 3 | 2 | 1 | 0 |
| 9. Personality (patient, humorous, warm, cheerful, positive) | 5 | 4 | 3 | 2 | 1 | 0 |
| 10. Personal appearance (neat, clean, appropriate) | 5 | 4 | 3 | 2 | 1 | 0 |
| 11. Psychomotor skills (agile, coordinated, dexterous) | 5 | 4 | 3 | 2 | 1 | 0 |

Explanation: _____

C. **Comments:** Additional strengths and/or weaknesses of this candidate pertinent in the evaluation of this applicant. (May use additional paper).

DATE: _____

Signature of Evaluator

Title

Institution

Please return this form promptly to:

**Program Director
Clinical Laboratory Science Program
St. Christopher's Hospital for Children
Dept. of Pathology & Laboratory Medicine
Front and Erie Avenues
Philadelphia, PA 19134**