

FACULTY REFERENCE

Dear Nursing School Faculty Member

I am submitting an application for a (check one) Nurse Intern Program Nurse Extern Program Scholarship Program at Wellmont Health System. Please complete the evaluation below and place the evaluation in the mail to the address at the bottom of this form.

Name of Nursing Student (Please Print)

Name of School

FACULTY EVALUATION

Based on your experience with the student in the clinical setting, please evaluate the student on the following items using the scale to the right.

	Very Good Top 10%	Good Top 20%	Average	Below Average
WORK SKILLS				
1. Organization of work	1	2	3	4
2. Technical skills (nursing assistant level)	1	2	3	4
3. Communication skills	1	2	3	4
ATTITUDES TOWARD WORK				
1. Attitude toward learning new skills	1	2	3	4
2. Attitude to adjust to new situations	1	2	3	4
3. Integrity	1	2	3	4
PERSONAL QUALITIES				
1. Appearance	1	2	3	4
2. Attendance	1	2	3	4

What are the applicant's major strengths? _____

What areas need further improvement? _____

What is your overall evaluation of this student compared with others at the same level in your program? _____

Faculty Signature

School

Title

Phone

Email

Fax completed form to (423) 224-6419 or mail to Wellmont Health System, Attn: Nurse Recruiter, P.O. Box 238, Kingsport, TN 37660