

**SOUTHEAST TECHNICAL INSTITUTE
NURSING PROGRAM
WORK REFERENCE FORM**

I, _____ waive the right to review this recommendation. I understand this will be kept confidential.

Applicant Signature

Date

The above named applicant is applying for admission to the RN Associate of Applied Science Nursing Program at Southeast Technical Institute, South Dakota. Please complete this form, place in a sealed envelope with your signature across the seal, and return to applicant. The applicant will submit your reference with their application to STI Nursing Program. The statements you make will be regarded as confidential.

PLEASE RATE THE QUALITIES OF THIS APPLICANT BASED ON THE FOLLOWING:

	OUTSTANDING	SATISFACTORY	NEEDS IMPROVEMENT	UNABLE TO EVALUATE	PLEASE EXPLAIN, IF NECESSARY
Initiative/Motivation	10 9 8	7 6 5	4 3 2 1		
Communication Skills	10 9 8	7 6 5	4 3 2 1		
Oral Written	10 9 8	7 6 5	4 3 2 1		
	10 9 8	7 6 5	4 3 2 1		
Interpersonal Skills Co-workers/Patients	10 9 8	7 6 5	4 3 2 1		
Adaptability	10 9 8	7 6 5	4 3 2 1		
Integrity	10 9 8	7 6 5	4 3 2 1		
Work Ethic	10 9 8	7 6 5	4 3 2 1		
Organizational Skills	10 9 8	7 6 5	4 3 2 1		
Problem Solving	10 9 8	7 6 5	4 3 2 1		
Responsibility/Maturity	10 9 8	7 6 5	4 3 2 1		
Compassion	10 9 8	7 6 5	4 3 2 1		
Accepts Constructive Guidance	10 9 8	7 6 5	4 3 2 1		
Dependability/Attendance	10 9 8	7 6 5	4 3 2 1		
Nursing Skills at Workplace	10 9 8	7 6 5	4 3 2 1		
Prioritizing Care	10 9 8	7 6 5	4 3 2 1		
Overall Professionalism	10 9 8	7 6 5	4 3 2 1		

1. Relationship to applicant: (please check one) Advisor Teacher Work Supervisor Other
If other, please indicate relationship: _____

2. How long have you known applicant? _____

3. If you have other information that you feel would be significant to the Admissions Committee in the evaluation of this applicant's qualifications, please provide that information (use back of sheet if necessary).

4. In consideration of the total perspective, please rate the applicant:
 Highly recommend Recommend Serious reservations

Organization/Institution

Title

Phone

Print Name

Signature