

Centra Health

School of Practical Nursing

1901 Tate Springs Road
Lynchburg, VA 24501-1167

Evaluation Of Applicant's Performance And Potential

The below named applicant is a candidate for admission to this School of Nursing. We would appreciate your evaluation of the applicant's performance and potential. Your comments will be used by the faculty members of this School of Nursing to help them arrive at a better understanding of the applicant. Your cooperation in completing and promptly returning this form will assist both the applicant and the School of Nursing.

Name of Applicant: _____
(Last Name) (First Name) (Middle Name)

Address: _____
(Number and Street)

(City) (State) (Zip Code)

Pursuant to federal law, a student admitted to this School of Nursing is entitled to inspect this evaluation in his or her file, unless the student has signed a waiver of this right of access. However, the School does not require a waiver as a condition for admission to, receipt of financial aid from, or receipt of any other services or benefits from the School. Applicants submitting names of individuals for letters of recommendation, therefore, are free to determine whether or not they wish to waive their potential right to examine such evaluations.

Waiver

The Family Educational Rights and Privacy Act permits us to request, but not require, that you waive your right to inspect this evaluation. The right, which we request that you waive, would arise if you were an enrolled student in this School and if the evaluation were maintained after your enrollment. In considering whether you will waive, please be advised that the information contained on this form will be used to evaluate you as an applicant for admission to this School of Nursing. If you elect to waive your rights of access to and review of this information, please sign your name.

(Date)

(Applicant's Signature)

Please return this form to: Centra Health School of
Practical Nursing
1901 Tate Springs Road
Lynchburg, VA 24501-1167

Evaluation of Applicant's Potential and Abilities

How well do you know this applicant?

Not very well Fairly well known Well known Very well known

Please indicate your impression of the applicant in the following categories:

INTELLIGENCE: Intellectual curiosity, Quickness to grasp information, Natural ability

Unknown Below average Average Above average Outstanding

INITIATIVE: Willing to attempt new ideas, Initiates action on own, Energetic, Motivated

Unknown Below average Average Above average Outstanding

RELIABILITY: Dependable, Good judgment, Honest, Ability to get along without supervision

Unknown Below average Average Above average Outstanding

COOPERATION: Ability to get along with others, Willingness to help others, Ability to collaborate, Tactful

Unknown Below average Average Above average Outstanding

ADAPTABILITY: Flexible, Resourceful, Resilient

Unknown Below average Average Above average Outstanding

EMOTIONAL CONTROL: Poised, Good temperament, Takes things in stride

Unknown Below average Average Above average Outstanding

COMMUNICATION SKILLS: Ability to express ideas/thoughts, Ability to comprehend verbal and written directions

Unknown Below average Average Above average Outstanding

WORK HABITS: Follows through, Accurate

Unknown Below average Average Above average Outstanding

Comments:

Please indicate your recommendation for admission of this applicant to the School of Practical Nursing:

Do not recommend
 Recommend
 Highly recommend

If the applicant's signature appears at the end of the paragraph identified as "Waiver" on the reverse side of this form, you can be assured that your evaluation will not be reviewed by the applicant. If the applicant has not signed the waiver and enrolls in the School, the applicant will have the right to review this evaluation.

Date: _____

Signature: _____

Position: _____

Address: _____