

Centra Health

Lynchburg General Hospital

School of Nursing

1901 Tate Springs Road
Lynchburg, VA 24501-1167

Evaluation Of Applicant's Potential And Abilities

This applicant has applied for admission to the Lynchburg General Hospital School of Nursing. Your evaluation of the applicant's potential and abilities will be helpful in the selection process. Your comments will be used by the Admission and Retention Committee of the School of Nursing to assist in determining if the applicant meets the criteria for admission to the School. Please complete and return promptly.

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 review this evaluation in his or her file, unless the student has signed a waiver of this right of access. 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 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: Lynchburg General Hospital
School of 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 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: _____