

CENTRA College of Nursing
Nurse Aide Education Program

Evaluation of Applicant's Potential and Abilities

This applicant has applied for admission to the Centra College of Nursing Nurse Aide Education Program. Your evaluation of the applicant's potential and abilities will be helpful in the selection process. Your comments will be used by the Admission Team of the Centra College of Nursing Nurse Aide Education Program to assist in determining if the applicant meets the criteria for admission to the program. 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 the Centra College of Nursing Nurse Aide Education Program is entitled to review this evaluation in his or her file, unless the student has signed a waiver of this right of access. The program does not require a waiver as a condition for admission to or receipt of any other services or benefits from the program. 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 program 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 the Centra Nurse Aide Education Program. 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 College of Nursing
905 Lakeside Drive, Suite A
Lynchburg, Virginia 24501

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

Comments: _____

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

Unknown

Below average

Average

Above average

Outstanding

Comments: _____

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

Unknown

Below average

Average

Above average

Outstanding

Comments: _____

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

Unknown

Below average

Average

Above average

Outstanding

Comments: _____

Adaptability: Flexible, Resourceful, Resilient

Unknown

Below average

Average

Above average

Outstanding

Comments: _____

Emotional Control: Poised, Good temperament, Takes things in stride

Unknown

Below average

Average

Above average

Outstanding

Comments: _____

Communication Skills: Ability to express ideas/thoughts, Ability to comprehend verbal and written directions

Unknown

Below average

Average

Above average

Outstanding

Comments: _____

Work Habits: Follows through, Accurate

Unknown

Below average

Average

Above average

Outstanding

Comments: _____

Additional Comments: _____

If the applicant's signature appears at the end of the paragraph identified as "Waiver" on page one 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 program, the applicant will have the right to review this evaluation.

Date: _____ Signature: _____

Position: _____

Address: _____