



## Faculty Reference Form

Ms/Mr \_\_\_\_\_ is requesting a reference for the Summer Externship Program at NYU Langone Medical Center. In order to assist you in making a better evaluation of the applicant's qualification and personal attributes, this form is being provided.

	Outstanding	Above Average	Average	Below Average	Unable to evaluate
Critical Thinking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance/Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/ Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

It is my opinion that this student:	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Is an independent learner	4	3	2	1
2. Is trustworthy and assumes responsibility for actions	4	3	2	1
3. Is self motivated and reliable	4	3	2	1
4. Knows when to ask for assistance	4	3	2	1
5. Has a strong work ethic	4	3	2	1
6. Utilizes constructive criticism	4	3	2	1
7. Is in good academic standing	4	3	2	1
8. Is a good candidate for this program/position	4	3	2	1

Comments:

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Semester associated with applicant: \_\_\_\_\_  
Faculty name: \_\_\_\_\_  
Faculty Signature: \_\_\_\_\_  
School of Nursing: \_\_\_\_\_

Title: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_