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TO THE APPLICANT:

Complete this section before sending it to the recommender. *Provide the recommender with a stamped envelope for mailing this form to the address below.*

Under the Federal Family Educational Rights and Privacy Act of 1974, you are entitled to review your records, including letters of recommendation. However, those writing recommendations and those assessing the recommendations may attach more significant statements to them if it is known that the recommendation will remain confidential. It is your option to waive your right to access the recommendation or to decline to do so. Please indicate in the appropriate space below your choice of option and sign your name

- Non-confidential (open to my review)  
 Confidential (NOT open to my review)

Applicant's Name (please print) \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please note: Appropriate references are individuals that can attest to your professional abilities. These would include professors, teachers, advisors, supervisors, managers or co-workers.

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TO THE RECOMMENDER:

The attached reference form is required for an applicant who wishes to be considered for selection into the Diagnostic Medical Sonography Program at Saint Luke's Hospital.

References are an integral part of the admissions process and are carefully reviewed by members of the Selection Committee. Since the number of qualified applicants exceeds the available positions, we wish to select only those individuals whose personal attributes and abilities indicate that they have the potential for success in a rigorous educational program. It is vital that your responses accurately portray a candid profile of the candidate.

Please forward to:

Saint Luke's Hospital  
Radiology Department  
Attn: Diagnostic Medical Sonography Program  
4401 Wornall Road  
Kansas City, MO 64111

Please mail this reference form prior to \_\_\_\_\_

Applicant Name \_\_\_\_\_

Please rate the applicant on the following:

- 5 – Superior
- 4 – Very Good
- 3 – Average
- 2 – Below Average
- 1 – Not Acceptable
- N/A- Not observed or no basis for rating

ATTRIBUTES		5	4	3	2	1	N/A
Communication – Verbal	Contributes knowledge and opinions in an articulate, understanding manner						
Communication – Written	Clearly express self in writing						
Responsibility	Displays accountability for one’s actions						
Maturity & Professionalism	Makes developed decisions and is adept at accomplishing tasks						
Knowledge Base	General awareness or possession of information, facts, ideas, truths, or principles						
Dependability	Reliable; Follows through on coursework/work						
Attendance/Punctuality	Present in class and/or at work; on time						
Self Confidence	Assured with their own achievements						
Manual Agility	Ability to execute psychomotor functions						
Organizational Skills	Organizes and prioritizes duties for work and/or school						
Interpersonal Skills	Ability to work and get along with co-workers/peers/clients						
Leadership	Shows management capabilities						
Independent Worker	Able to function with minimal supervision						
Ask for help when needed	Knows own limits and will ask for help when needed						
Motivation	Self-starter; initiates action for projects						
Flexibility	Shows ability to adjust to new situations						
Response to Stress	Demeanor is reflective of ability to remain calm						
Positive Attitude	Demonstrates positive outlook at work or school						
Multi-tasking	Able to manage multiple tasks at once						
Problem-Solving/Judgment	Capable of quick decision making						
Constructive Criticism	Readily accepts constructive criticism						
Conflict Resolution	Shows high level of resolution and problem solving						

Applicant Name \_\_\_\_\_

Name of Recommender: \_\_\_\_\_

Please indicate the position you held during your relationship with applicant:

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Professor                    | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Teacher                      | <input type="checkbox"/> Manager    |
| <input type="checkbox"/> Advisor                      | <input type="checkbox"/> Co-worker  |
| <input type="checkbox"/> Other (Please Specify) _____ |                                     |

How long have you known the applicant? \_\_\_\_\_

Do you:

Highly Recommend

Recommend

Have Reservations

Do Not Recommend

Please provide any pertinent material regarding the character, integrity and personality of this applicant. We are particularly interested in your opinion of the applicant's work and/or professional ethics, intellectual independence, capacity for analytical thinking, the ability to organize tasks, express ideas clearly and interpersonal problem solving skills.

Areas where you feel the applicant is outstanding:

Areas where you feel the applicant may have difficulty or require further development:

Applicant Name \_\_\_\_\_

Preferred Contact Address and Telephone Information:

Please Print:

Recommender's Name: \_\_\_\_\_

Present Title: \_\_\_\_\_

Institution or Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Work): \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

\_\_\_\_\_  
Signature of Recommender

\_\_\_\_\_  
Date

Any additional comments: