
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.

TO THE RECOMMENDER:

The attached reference form is required for an applicant who wishes to be considered for selection into the Radiologic Technology 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 Medical Imaging Programs
Attn: School of Radiologic Technology
Radiology Department
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: