

Applicant Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

**To The Applicant**

Please have this form completed by a Clinical Instructor associated with your Allied Health Program\*. Please note that by signing this form, you are giving this person permission to complete an evaluation of you. This reference will become part of your program application and will remain confidential.

\*If you have not recently attended an allied health program, please choose an individual who would supervise you in a patient care environment to perform this assessment.

**To The Clinical Instructor**

The individual listed above is applying to the Sonography Program at Chattanooga State Community College and the applicant's signature denotes agreement for you to perform this evaluation without the results being shared with this individual. The Sonography Selection Committee needs your input to assist with the student selection process. Please seal the completed reference form in an envelope before returning to the student. This form will be turned in with the student's program application.

**Please rate the applicant in the following areas**

*(Evaluation scale: 4 = superior 3= good 2 = average 1 = poor 0 = unacceptable)*

<b>Characteristics:</b>	<b>Score</b>
Adaptability	
Communication Skills	
Dependability/Reliability	
Emotional Stability	
Independence	
Leadership Ability	
Maturity	
Motivation	
Responsibility	
Teamwork	

**Indicate your Overall Recommendation of the Applicant**

- \_\_\_ Strongly Recommend
- \_\_\_ Recommend
- \_\_\_ Recommend with Reservations
- \_\_\_ Do Not Recommend

**Reference Information**

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
 Program: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 How long have you known this applicant? \_\_\_\_\_

**Additional Comments: Please use back of form for any additional comments.**

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