

THE POTTSVILLE HOSPITAL SCHOOL OF NURSING

Pottsville, PA 17901
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EVALUATION OF APPLICANT'S PERFORMANCE AND POTENTIAL

Name of Applicant: _____
(Last Name) (First Name) (Middle Name)

Address: _____
(Number and Street)

(City) (State) (Zip Code)

To the Applicant: Please have two reference forms completed by individuals who you know well, but are not related to you. Individuals who should be asked to complete these forms may include: Principal, Guidance Counselor, Teacher, Employer, Clergy, and Healthcare Professional. Please have them send it directly to the School of Nursing following completion. It is suggested that you provide a stamped, addressed envelope with each reference form you distribute.

To the Individual Evaluating this Applicant: The above-named applicant is a candidate for admission to the Pottsville Hospital School of Nursing. We would appreciate your evaluation of the applicant's scholastic and work performance and other characteristics which contribute to potential for success in a nursing program. Please be as specific and candid in your response as possible. Return this form directly to the School of Nursing. All information will remain confidential. Pursuant to Federal Law, a student admitted to this School of Nursing is entitled to inspect this evaluation in his or her file.

Evaluation of Applicant's Performance and Potential

1. How well do you know the applicant? Very Well _____ Well _____ Casually _____
2. How long have you known this applicant? _____
3. What is your relationship to the applicant? _____
4. What is the applicant's potential to succeed as a scholar? _____

5. Please list significant strengths and special abilities of the applicant. _____

6. Please list any weaknesses of the applicant. _____

7. Please check the word, or words, which best describe the applicant.

Desire to Learn

- strong determination
- shows no interest
- positive attitude
- no opportunity to observe
- needs encouragement

Leadership

- excellent leadership initiative
- makes no effort to lead
- good organizer
- no opportunity to observe
- leads only when asked

Cooperation

- works well with others
- causes friction
- usually cooperative
- no opportunity to observe
- avoids group activities

Communication

- open and conversable
- communicates only when necessary
- interacts appropriately
- no opportunity to observe
- inappropriate

Problem-solving

- resolves problems logically
- unable to make sound judgements
- generally makes sound judgements
- no opportunity to observe
- avoids problem solving

Reliability

- completes assigned tasks
- unreliable
- generally completes assigned tasks
- no opportunity to observe
- lacks motivation

Concern for others

- unselfish, caring
- self-centered
- considerate
- no opportunity to observe
- indifferent

Acceptance by peers

- well-liked
- not accepted
- accepted
- no opportunity to observe
- tolerated

8 Personal Comments: Please include any comments you feel would give insight into this individual as he/she applies for admission to the Pottsville Hospital School of Nursing. _____

9. Your recommendation of this applicant for admission to the Pottsville Hospital School of Nursing:

- _____ Highly recommended (exceptional applicant)
- _____ Recommended
- _____ Recommended with Reservations
- _____ Not Recommended

Date: _____
Name (Please Print) _____
Signature _____
Title/Position _____
Business Name _____
Business Address _____

Phone _____