

Windham Hospital's Program of Radiologic Technology Applicant Reference Form

Applicant Instructions: Have the individual that you have chosen for a reference complete this form and then seal it in an envelope. They **MUST** sign the back of the envelope over the sealed edge of the flap and then either you or they can mail it back to the Program of Radiologic Technology.

Mail to: Program of Radiologic Technology
 Windham Hospital
 112 Mansfield Avenue
 Willimantic, CT 06226

Unless these instructions are followed, the reference will not be used in the application process.

Name of Applicant: _____

The above named individual applied for admission to Windham Hospital's Program of Radiologic Technology. Personal recommendations are very important in the selection of students for this program. Therefore, we ask you to provide a thoughtful and sincere appraisal of this candidate. The contents of this reference form will be kept confidential. If you do not feel you can adequately evaluate the above-named individual, please return the form with a notation of your inability to complete the document.

How are you associated with the applicant?

- One of my students
 One of my subordinates at work
 As a peer in a work situation
 As a friend
 Other (please specify): _____

How long have you known the applicant? _____

Please indicate your opinion of this applicant with regard to each factor listed.

	Excellent	Above Average	Average	Below Average	Poor	Not Able to Evaluate
Ability to Relate to Others						
Dependability						
Cooperation						
Professional Curiosity						
Accuracy of Thought or Action						
Emotional Control						
Personal Motivation						
Work Ethic						
Critical Thinking/Problem Solving						
Professional Dress/Behavior						

See Other Side

	Excellent	Above Average	Average	Below Average	Poor	Not Able to Evaluate
Respect for Authority/Colleagues						
Follow-Through						
Learns from Mistakes						
Interpersonal Skills						
Academic Potential						
Leadership						
Written Communication Skills						
Oral Communication Skills						
Mathematic and Computer Skills						
Sense of Responsibility						
Ability to Work with People						
Organizational Ability						
Ability to Adapt to New Situations						
Ability to Work Independently						
Overall Evaluation						

Comments: _____

Signature _____ Printed Name _____

Address _____ City _____ State _____ Zip _____

Position _____

Date _____

Please seal this reference in an envelope and sign the back over the sealed edge.