

**FACULTY REFERENCE FORM**

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Course:** \_\_\_\_\_

**Clinical instructor:** \_\_\_\_\_

	Outstanding	Good	Satisfactory	Needs Improvement
Attendance/ Punctuality				
Dependability				
Multitasking				
Completes Work in a Timely Fashion				
Independent Learner				
Communication Skills/Interpersonal Relationships				
Functions as a Team Player				
Empathy/Caring				
Technical skills				
Professional Appearance				
Leadership Potential				

**Please comment on the following abilities:**

Applying classroom theory to clinical:

Planning, prioritizing and delivering quality patient care:

Conflict management/resolution:

Accepting constructive criticism:

**Other comments (please feel free to use the back or an additional page):**

**PLEASE RETURN COMPLETED FORM TO STUDENT**