



# OSF<sup>®</sup> HEALTHCARE

## SAINT FRANCIS MEDICAL CENTER SCHOOL OF HISTOTECHNOLOGY REFERENCE FORM

### TO BE COMPLETED BY APPLICANT:

Name: \_\_\_\_\_

College/University: \_\_\_\_\_

I agree that the recommendation I am requesting shall be held in confidence by officials of the OSF School of Histotechnology, and I hereby waive any rights I may have to examine it.  YES  NO

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY REFERENCE:

The person named above has applied for admission to the OSF School of Histotechnology. We appreciate your candid evaluation of the applicant's ability to complete the clinical program, as well as of their scholarship, personality, integrity and professional promise. Please describe additional strengths or weaknesses in the space provided. The basis for your opinions will be appreciated. If additional space is needed, please feel free to use a separate page. Thank you for your assistance.

Print Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Address (Institution, City, State) \_\_\_\_\_ Office Phone \_\_\_\_\_

In what capacity, and for how long, have you been associated with the applicant?

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Applicant's Strengths:

### Applicant Weaknesses:

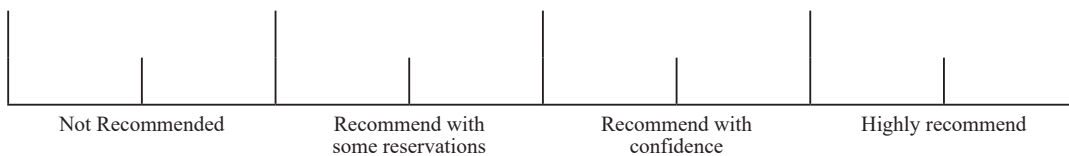
**SUMMARY EVALUATION**

*Applicant's promise as an HT student, in comparison with others of similar age and experience.*

|   | Below Average | Average    | Above Average |  | Outstanding |
|---|---------------|------------|---------------|--|-------------|
|   | Lowest 40%    | Middle 20% | Next 25%      |  | Top 15%     |
| 1. Academic Performance   |               |            |               |  |             |
| 2. Lab Skills/Dexterity   |               |            |               |  |             |
| 3. Organization/Efficiency  |               |            |               |  |             |
| 4. Problem-solving ability  |               |            |               |  |             |
| 5. Effort/Persistence in Learning<br>Preparation for daily class work |               |            |               |  |             |
| 6. Oral Expression<br>Clarity/Tact/Confidential                       |               |            |               |  |             |
| 7. Written Expression<br>Clarity/Organization/Grammar                 |               |            |               |  |             |
| 8. Initiative/Self-Motivation   |               |            |               |  |             |
| 9. Emotional Maturity   |               |            |               |  |             |
| 10. Integrity/Accepts<br>accountability for actions                   |               |            |               |  |             |
| 11. Interpersonal Skills  |               |            |               |  |             |
| 12. Promise as a laboratory science professional                      |               |            |               |  |             |

Inadequate Opportunity to Observe

Please indicate the strength of your overall endorsement by placing an "X" along the scale



Please email directly to: **OSF School of Histotechnology**  
**OSF HealthCare Saint Francis Medical Center**  
**530 N.E. Glen Oak Avenue**  
**Peoria, Illinois 61637**  
**(309) 624-9021**