



OSF[®] HEALTHCARE

SAINT FRANCIS MEDICAL CENTER SCHOOL OF CLINICAL LABORATORY SCIENCE 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 Saint Francis School of Medical Technology, 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 Saint Francis School of Medical Technology. We appreciate your candid evaluation of the applicant's ability to complete the clinical year of study, as well as of their scholarship, personality, character, 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 cooperation.

Print Name _____ Title/Position _____

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Address (Institution, City, State) _____ Office Phone _____

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

Signature _____ Date _____

APPLICANT STRENGTHS:

APPLICANT WEAKNESSES:



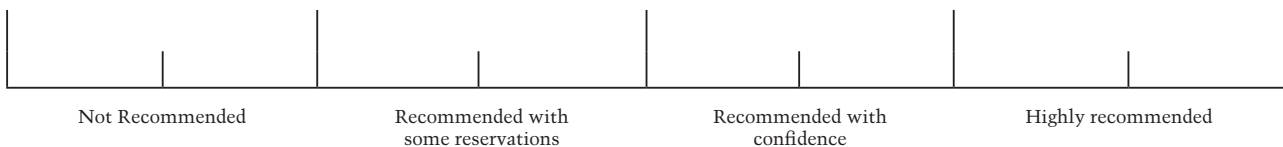
Please complete other side

SUMMARY EVALUATION

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

	Below Average	Average	Above Average	Outstanding	Inadequate Opportunity to Observe
	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 Preparation for daily class work					_____
6. Oral Expression Clarity/Tact/Confidential					_____
7. Written Expression Clarity/organization/Grammar					_____
8. Initiative/Self-Motivation					_____
9. Emotional Maturity					_____
10. Integrity/Accepts accountability for actions					_____
11. Interpersonal Skills					_____
12. Promise as a laboratory science professional					_____

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



Please mail directly to: School of Clinical Laboratory Science
 OSF HealthCare Saint Francis Medical Center
 530 N.E. Glen Oak Avenue
 Peoria, Illinois 61637
 309/624-9021