

University of Missouri- St. Louis and BJC  
 SUMMER 2009 NURSE EXTERNSHIP PROGRAM  
 Faculty Clinical Reference

This recommendation form is to be completed by a faculty member or supervisor if employed

**Name of Applicant** \_\_\_\_\_

You have been chosen as a reference in support of the above student's application to the Summer 2009 Nurse Externship Program (NEP). We are interested in your assessment of the applicant's abilities and potential for success in the NEP.

Based on your experience with the student in the clinical setting, please evaluate the student on the following items and use the scale on the right.

	Very Good (top 10%)	Good (top 25%)	Average	Below Average
<i>WORK SKILLS</i>				
1. Organization of Work	1	2	3	4
2. Technical Skills				
3. Communication Skills	1	2	3	4
<i>ATTITUDES TOWARDS WORK</i>				
1. Attitude toward learning new skills	1	2	3	4
2. Ability to adjust to new situations	1	2	3	4
3. Integrity	1	2	3	4
<i>PERSONAL QUALITIES</i>				
1. Appearance	1	2	3	4
2. Attendance	1	2	3	4

What are the applicant's major strengths?

What areas need further improvement?

What is your overall evaluation of this student compared with others at the same level in your program?

In your opinion, would this student be prepared to function as a nurse extern in:  
 Intensive Care setting    yes/no      Emergency Unit    yes/no      General Care Area    yes/no

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_

**School** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please complete this form and return to the applicant in a sealed envelope to be included with his/her application packet. Thank you.**