

REFERENCE FORM

Clinical Laboratory
 Science Program



FOR THE APPLICANT:

In compliance with the family education rights and privacy act, I approve the release of the information requested and:

Waive my right to view this evaluation
 Do Not waive my right to view this evaluation

Applicant's Signature _____ Date _____

Print/Type Name _____

Courses(s) student has taken with you:

Please rate this student in regard to the following:

	Above Average	Average	Below Average	Not Observed/ Not Applicable
Communication skill				
oral				
written				
Peer acceptance				
Integrity				
Ability to accept responsibility				
Ability to organize lab work				
Ability to follow directions				
Retention of facts				
Application of concepts				
Judgement displayed				
Group participation				
Discussion				
Activities				
Emotional stability				
Accuracy of work				
Speed of work				
Ability to work independently				
Ability to accept criticism/failure				

