



PERSONAL REFERENCE FORM

FORMS MUST BE RETURNED TO THE NURSING DEPARTMENT BY:

- September 30 for Spring admission review
- February 28 for Fall admission review

To be filled out by student:

Name: _____
Last First Middle Previous Name(s)

Address: _____
Street City State Zip

I authorize _____ to write a reference which will become a part of my credentials and will be used by Kishwaukee College Nursing Program in selecting students for the nursing program.

I voluntarily waive my right of access to this recommendation under Public Law 93-380 and the Regulations promulgated there under so that it may be kept confidential.

Signature of Applicant: _____ Date: _____

To be filled out by reference:

The above named applicant is being considered as a candidate for the Kishwaukee College Associate of Applied Science Degree in Nursing Program. This applicant has given your name as a reference. Please comment on the following items as they relate to the applicant.

What is your relationship to the applicant? _____

How long have you known the applicant? _____

Please evaluate this applicant on a scale of 1 to 5, with 5 being excellent. (N/O = Not Observed).	1 Poor	2	3 Average	4	5 Excellent	N/O
Emotional Stability						
Judgment						
Integrity/Honesty						
Punctuality/Dependability						
Adaptability/Flexibility						
Initiative (Leadership Ability)						
Communication Skills: Written						
Communication Skills: Verbal						
Interpersonal Relations						
Professional Attitude						
Motivation						
Organizational Skills						
Ability to work with others as a team member						
Accepts supervision						
Utilizes supervision						

Please evaluate this applicant on a scale of 1 to 5, with 5 being excellent. (N/O = Not Observed).	1 Poor	2	3 Average	4	5 Excellent	N/O
Work Habits/Ethics						
Personal Appearance						

FOR CNA & LPN CANDIDATES ONLY
PLEASE RESPOND TO THE FOLLOWING:

<input type="checkbox"/> I do not work with this candidate in a C.N.A. or L.P.N. capacity.
Demonstrates technical competence in the performance of nursing procedures:
Practices within the role of the CNA/LPN:

- If an EMPLOYER, would you rehire? _____ Yes _____ No
- If an INSTRUCTOR, would you ask this student to take another of your classes? _____ Yes _____ No

COMMENTS:

Signature: _____ Date: _____

Printed Name: _____

Position/Affiliation: _____

Address: _____

Home Phone: _____

Work Phone: _____

ALL STUDENT REFERENCES MUST BE PLACED IN A SEALED ENVELOPE.

▪If returning reference to applicant: Seal envelope, place signature across seal of envelope, and return to applicant.

▪If you prefer to mail reference directly, please mail to: **Kishwaukee College
Nursing Department
21193 Malta Road
Malta, IL 60150-9699**