

LETTER OF REFERENCE FORM

NOTE: High school students must select a guidance counselor, teacher or high school administrator. All other applicants may ask an employer, work colleague, previous college instructor or any other non-family member who can address your character and academic abilities.

Letters from friends or family members are not acceptable.

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THIS SECTION TO BE COMPLETED BY STUDENT

Applicant's Name \_\_\_\_\_

Evaluator's Name \_\_\_\_\_

An applicant may waive the right of access to written evaluations as provided for under the Family Educational and Privacy Act of 1974. Please indicate your wishes by signing below either statement A or B.

- A. I hereby waive my right of access to the evaluation provided by the person named above and s/he should be hereby notified that the confidentiality is preserved.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

- B. I do not waive my right of access to the confidential evaluation provided by the person named above and s/he should be notified that I retain my right of access; thus, the confidentiality of the evaluation is not guaranteed.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

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THIS SECTION IS TO BE COMPLETED BY THE EVALUATOR

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Institution/Company \_\_\_\_\_

**REFERENCE FORM**

Applicant's Name \_\_\_\_\_

In what capacity are you acquainted with the applicant? \_\_\_\_\_

Length of time? \_\_\_\_\_

When you think of the applicant, what strengths or weaknesses come to mind?

Strengths:

Weaknesses:

Please assess the applicant on each of the following:

	<b><u>Excellent</u></b>	<b><u>Good</u></b>	<b><u>Fair</u></b>	<b><u>Poor</u></b>	<b><u>No basis to assess</u></b>
Ability to handle stress	_____	_____	_____	_____	_____
Communication skills	_____	_____	_____	_____	_____
Intellectual ability	_____	_____	_____	_____	_____
Resourcefulness	_____	_____	_____	_____	_____
Time management	_____	_____	_____	_____	_____
Responsibility/Accountability	_____	_____	_____	_____	_____
Attendance Record	_____	_____	_____	_____	_____

Comments:

If you are an instructor or employer, please comment on the applicant's performance and any circumstances, which may have positively or negatively affected that performance.

Other information that will assist us in our selection process.

Signature \_\_\_\_\_

Please return this form to:  
The Valley Hospital School of Radiography  
223 N. Van Dien Avenue, Ridgewood, New Jersey 07450