



UNIVERSITY OF COLORADO

HOSPITAL

12401 E. 17th Ave
Aurora, CO 80045
(720) 848-6801

_____ has applied for a Graduate Nurse position here at the University of Colorado Hospital, and we would like your assistance in evaluating this applicant's qualifications and personal attributes. This form will be kept confidential and will only be available to those in our Human Resources department. We thank you for taking the time to complete this form and for providing us with this reference.

| | Outstanding | Above Average | Average | Below Average | Unable to Evaluate |
|--------------------------|-------------|---------------|---------|---------------|--------------------|
| Critical Thinking Skills | _____ | _____ | _____ | _____ | _____ |
| Clinical Competence | _____ | _____ | _____ | _____ | _____ |
| Professional Attitude | _____ | _____ | _____ | _____ | _____ |
| Interpersonal Skills | _____ | _____ | _____ | _____ | _____ |
| Team Approach | _____ | _____ | _____ | _____ | _____ |
| Organizational Skills | _____ | _____ | _____ | _____ | _____ |
| Leadership Potential | _____ | _____ | _____ | _____ | _____ |
| Professional Appearance | _____ | _____ | _____ | _____ | _____ |
| Attendance/Punctuality | _____ | _____ | _____ | _____ | _____ |

| It is my opinion that this student: | Strongly Agree | Agree | Disagree Strongly | Disagree |
|--|----------------|-------|-------------------|----------|
| 1. Is an independent learner | _____ | _____ | _____ | _____ |
| 2. Is trustworthy and assumes responsibility for actions | _____ | _____ | _____ | _____ |
| 3. Is self motivated and reliable | _____ | _____ | _____ | _____ |
| 4. Knows when to ask for assistance | _____ | _____ | _____ | _____ |
| 5. Has a strong work ethic | _____ | _____ | _____ | _____ |
| 6. Utilizes constructive criticism | _____ | _____ | _____ | _____ |
| 7. Is in good academic standing | _____ | _____ | _____ | _____ |
| 8. Is a good candidate for this program/position | _____ | _____ | _____ | _____ |

Comments:

Time associated with Applicant: _____ Capacity: _____

Name: _____ Title: _____

* The template for this form was taken from the University of Buffalo – The State University of New York/ School of Nursing