

RECOMMENDATION FOR ADMISSION TO THE SCHOOL OF PRACTICAL NURSING

SECTION 1: TO BE COMPLETED BY APPLICANT

TO THE APPLICANT: This form must be returned directly to the School of Practical Nursing offices from the respondent, not the applicant; recommendations received from the applicant will not be considered.

Full Legal Name _____ Date _____

Under the Family Education Rights and Privacy Act of 1974 (FERPA), this letter of recommendation, which will be placed in my student file, may be reviewed by me, upon request, unless the waiver below has been signed.

I hereby waive my right to access to this form, or any letter of recommendation submitted, or record of verbal comments given, as an addendum to this form, only for purposes of consideration of my admission to the School of Practical Nursing.

SIGNATURE and DATE

SECTION 2: TO BE COMPLETED BY THE RESPONDENT

To the RESPONDENT: The above named applicant has applied for admission to a practical nursing program. We appreciate and value your answers and comments regarding this applicant's academic ability and personal characteristics, as detailed below and on the reverse of this form. Please return directly to ICTC School of Practical Nursing, 441 Hamill Road, Indiana, PA 15701.

Name _____ Professional Position _____

Current Address _____

Current Phone Number _____ Cell Phone _____

How long have you known the applicant? _____

What is your relationship to the applicant? _____

**Of those you have known, supervised and/or taught, please rate the applicant in the following areas:
(Specifically in a CLASSROOM OR SCHOOL setting only) ACADEMIC ABILITIES**

	Outstanding	Above Average	Average	Below Average	Unknown
Able to learn/retain information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to apply and integrate new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to learn and apply concepts w/ others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to learn and apply concepts independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments regarding academic ability:

RELATIONAL QUALITIES

	Outstanding	Above Average	Average	Below Average	Unknown
Able to work with a team to accomplish goals/tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitive to/respectful of differing opinions and lifestyles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to resolve conflict constructively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible; able to adjust well to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has well developed stress management strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments regarding relational qualities:

(continued on reverse)

RECOMMENDATION FOR ADMISSION TO THE SCHOOL OF NURSING

ETHICAL STANDARDS

	Outstanding	Above Average	Average	Below Average	Unknown
Is honest in academic and professional dealings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possesses and upholds personal standards on integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upholds ethical standards when facing possible opposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands and respects issues of confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is appropriate in behavior with clients/colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you aware of any circumstances in which this applicant showed noteworthy ethical conduct/integrity? *(If yes, please explain.)*

Are you aware of any circumstances in which this applicant acted contrary to standards of ethical conduct/integrity? *(If yes, please explain.)*

Additional comments regarding ethical standards:

PROFESSIONAL BEHAVIORS/WORK ETHIC

	Outstanding	Above Average	Average	Below Average	Unknown
Carries goals/tasks to completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses sound judgment/critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is self-motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open to constructive criticism (teachability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes responsibility for own actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments regarding professional behaviors or work ethic:

Professional nursing is an applied science, requiring intellectual discipline, psychomotor skills, personal integrity and accountability, and emotional maturity. Based on this description of professional nursing, would you recommend this applicant for admission to a practical nursing program?

Yes
 Yes, with reservations (Please explain): _____

No (Please explain): _____

Additional comments regarding this applicant; (if desired, you may attach an additional page):

If needed, may we contact you further for clarification or explanation of your comments regarding this applicant?

Yes; daytime telephone number: _____
 No

Signature of Respondent _____

**Respondent: Mail completed form directly to Indiana County Technology Center,
 School of Practical Nursing, 441 Hamill Road, Indiana, PA 15701**