

**THE UNIVERSITY OF IOWA
PERFUSION TECHNOLOGY PROGRAM
APPLICANT REFERENCE FORM**

Applicant needs to fill out and sign the upper portion of this form, then save it and forward it to your reference to finish filling out. Alternatively, print off copy of form and mail to reference.

I, _____ (*applicant's name*), waive my right of access to this letter of recommendation.

Applicant's Signature

*

I. Evaluator's Instructions: In each category, rate the candidate 1 to 5: 1=poor; 2=fair; 3=average; 4=good; 5=outstanding.

1. *Attendance*

Punctuality/dependability. _____

Communication and justification concerning absences. _____

2. *Abilities*

Initiative, motivation to complete assigned and unassigned tasks. _____

Level of competence exhibited in work, problem solving ability, manual dexterity. _____

Intellect, aptitude for learning new information and tasks. _____

3. *Maturity*

Effective decision making process, response to life experience, self confidence, assertiveness. _____

Flexibility, ability to deal with change, ability to empathize with others, sensitivity. _____

4. *Interpersonal Skills*

Ease of communication, listening ability, clarity of expression, organization of ideas. _____

Ability to interact with others to complete assignments, leadership qualities. _____

Genuineness, warmth, authenticity, enthusiasm, sincerity. _____

II. How would you characterize this person's strengths and weaknesses?

III. Do you have any reason to question this individual's honesty or integrity? If yes, please explain.

IV. Have you witnessed any difficulties with this individual's work/academic performance or attitude? If yes, please comment.

V. Additional Comments:

Nature and length of relationship to applicant:

Evaluator: *

Signature

Date

Name

Title

Department

Organization

When completed, please **and mail to:**

University of Iowa Hospitals and Clinics
Perfusion Technology Program
200 Hawkins Drive, SE545 GH
Iowa City, IA 52242-1062