***TRINITY HEALTH SYSTEM SCHOOL OF MEDICAL LABORATORY SCIENCE***

***PERSONAL LETTER OF RECOMMENDATION FORM***

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| In compliance with the Family Educational Rights and Privacy Act of 1974, I allow the release of the information herein requested and  I \_\_\_\_waive my right to view this evaluation/I \_\_\_\_ do not waive my right to view this evaluation.  STUDENT SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| COLLEGE/  STUDENT PRINTED NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UNIVERSITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| NAME | TITLE |
| COLLEGE/UNIVERSITY/COMPANY |  |
| ADDRESS | PHONE |
| EMAIL | SIGNATURE |
| I HAVE KNOWN THE APPLICANT FOR \_\_\_\_\_\_MONTHS/YEARS IN WHAT CAPACITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**PLEASE PLACE A CHECK MARK IN THE BOX THAT BEST DESCRIBES YOUR EVALUATION OF THIS STUDENT:**

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|  | **OUTSTANDING** | **GOOD** | **AVERAGE** | **FAIR** | **POOR** | **NOT APPLICABLE** |
| **Academic potential** |  |  |  |  |  |  |
| **Accuracy of work** |  |  |  |  |  |  |
| **Ability to problem solve** |  |  |  |  |  |  |
| **Oral communication skills** |  |  |  |  |  |  |
| **Written communication skills** |  |  |  |  |  |  |
| **Emotional stability** |  |  |  |  |  |  |
| **Maturity** |  |  |  |  |  |  |
| **Ability to work independently** |  |  |  |  |  |  |
| **Ability to work with others** |  |  |  |  |  |  |
| **Attendance/punctuality** |  |  |  |  |  |  |
| **Initiative** |  |  |  |  |  |  |
| **Integrity/honesty** |  |  |  |  |  |  |
| **Response to constructive criticism** |  |  |  |  |  |  |
| **Sound judgement** |  |  |  |  |  |  |
| **Leadership qualities** |  |  |  |  |  |  |

**Please offer any additional comments you may have as to whether the applicant should be accepted into the School of Medical Laboratory Science:**

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Please check the statement that best describes your recommendation:

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| --- | --- | --- |
| **\_\_\_\_\_\_\_\_\_\_ Highly recommend without reservation** | **\_\_\_\_\_\_\_\_\_\_ Recommend** | **\_\_\_\_\_\_\_\_\_\_ Do not recommend** |
| **\_\_\_\_\_\_\_\_\_\_ Recommend with confidence** | **\_\_\_\_\_\_\_\_\_\_ Recommend with reservation** |  |

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please send completed form to: Constance Moore MEd, MLS (ASCP) CM**

**Trinity School of Medical Laboratory Science**

**4000 Johnson Road**

**Steubenville, OH 43952**

**740-264-8847**

**conniemoore@trinityhealth.com**