



Reference Release from Clinical Instructor

Applicant Name (please print): _____

I authorize you to release to Nationwide Children's Hospital any information you may have available concerning my clinical performance in school and release you from liability whatsoever for issuing the requested information.

Signature: _____ Date: _____

To the Clinical Instructor: The above applicant has applied for employment and has given your name as a reference. Please check the column that most clearly characterizes your appraisal of this applicant as a student in the clinical environment.

Category	Excellent	Commendable	Average	Weak
Personal Appearance				
Clinical Knowledge				
Professionalism				
Maturity				
Character				
Motivation				
Attendance/Punctuality				
Interpersonal Skills				

Rotation type: _____

Dates Completed: _____

In comparison to the others in this class, how would you rank this student?

Upper 10% _____ Upper 25% _____ Middle _____ Lower 25% _____ Lower 10% _____

Additional Comments: _____

Signature: _____ Date: _____

Printed Name: _____ Title: _____

School: _____ Phone: _____