



Mercy Health - Lab Services
**CLINICAL LABORATORY SCIENCE
STUDENT REFERENCE FORM**

Applicant Name _____

Evaluator Name _____ Email _____

Phone _____

The student named above is applying to Mercy Integrated CLS Program. The goal is to select those individuals most likely to complete and become outstanding medical laboratory scientists. Please give frank and thoughtful appraisals of the applicant as your comments are an essential factor in the selection process.

To find out whether this evaluation will be confidential, see the choice of waiver made by the applicant below.

I () do () do not hereby waive and renounce all right of access, including those established by the Family Education Rights and Privacy Act of 1974, to any letters of reference or confidential letters to be hereafter written in my behalf by the person named above. I also understand that not waiving my right is not prejudicial to my application.

Applicant's signature _____ Date _____

1. Acquaintance with the applicant:

Length of time: _____

In what capacity? _____

2. What are the applicant's major strengths?

3. What are the applicant's major weaknesses?

4. The following traits are to be evaluated primarily on personal qualities believed relevant to an individual's performance and development in Medical Technology. Indicate your appraisal of the applicant below.

	Excellent	Above Average	Average	Below Average	Unsatisfactory	Unable to Evaluate
Interpersonal Relations Skills <i>cooperative, tactful, ability to get along with others</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character <i>honest, trustworthy, dependable, responsible, reliable, respectable, ethical</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills <i>articulate, clear, vocal, grammatical, responsive, attentive</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry <i>diligent, prompt, reliable, persistent, good organizer, initiative</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Profession <i>opportunities, challenges, responsibilities</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity <i>stability, responsible, responsive to criticism, self-disciplined</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation <i>need to succeed, initiative, commitment</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality <i>patient, humorous, warm, cheerful, positive</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance <i>neat, clean, appropriate</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psycho motor Skills <i>agile, coordination, dexterous, able to multi-task</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanation: _____

Comments: (May use additional paper) _____

Signature of Evaluator _____ Date _____

Title _____ Institution _____

Please send the form to: Mercy Health - Lab Services
 Clinical Laboratory Science Program
 2222 Cherry Street
 Toledo, Ohio 43608