Letter of Reference

Applicant: _____

Following is a list characteristic which we feel are required for a student to successfully complete a training program in the Neurodiagnostic Technology Program. We would appreciate your cooperation in completing this form, and returning it to the College at your earliest convenience.

3.	More than satisfactory
2.	Satisfactory
1.	Unsatisfactory
NO	Not observed, or no basis for judgment

ABILITIES/SKILLS	3	2	1	NO	
Responsibility					Accountable for one's actions
Leadership					Has the capacity to direct the activities of others
Initiative					Motivated to pursue actions independently
Flexibility					Capable of responding or conforming to changing or new situation
Organization					Arranges by systematic planning for optimal efficiency
Self-confidence					Assured in one's abilities & skills
Independent Work					Completes tasks with minimal supervision
Communication-Verbal					Contributes knowledge & opinions in an articulate manner
Written					Expresses self clearly in writing
Stress Response					Maintains composure/able to function
Attitude					Positive approach to work/coworkers
Manual Dexterity					Ability to perform psychomotor skill
Group Interaction Peers/coworkers					Ability to get along with peers and coworker
Teacher/Supervisor					Ability to get along/teachers/supervisors
Maturity					Demos common sense, tact, empathy to patient
Knowledge/Application					Ability to apply theory to practice
Decision Making					Ability to analyze problem/formulate solution
Dependability					Follows through on assignments

Additional information – Use to amplify or add to characteristics rated previously. Please indicate applicant's strengths and those qualities that require further development.

Strengths _____

Qualities that require further development. _____

Alvin Community College Neurodiagnostic Technology Program

3110 Mustang Road, S109, Alvin, Texas 77511 (281) 756.5610

Return this form
Page 2: Letter of Reference

Relationship to applicant   ____ Advisor

                                ____ Teacher

                                ____ Supervisor

                                ____ Other: Please indicate _____

How long have you known the applicant?
_____

How well do you know applicant? _____

Do you ____ Highly Recommend

        _____ Recommend

        _____ Recommend with Reservations

        _____ Not Recommend

Signature: _____   Date: _____

Name: _____

Title: _____

Institution: _____

Address: _____

Telephone Number: (_____) _____

Please return this evaluation form to:

Alvin Community College
Neurodiagnostic Technology
3110 Mustang Road
Alvin, TX 77511-4898

Return this form