

OREGON HEALTH SCIENCES UNIVERSITY
CONFIDENTIAL RECOMMENDATION FORM - ALLIED HEALTH

Please Print

APPLICANT'S NAME: _____ SSN: _____

RECOMMENDATION BY: _____ TITLE: _____

COLLEGE/COMPANY: _____ PHONE: _____

ASSOCIATION WITH STUDENT: _____ LENGTH OF TIME: _____

RECOMMENDATION BASED ON: DAILY CONTACT _____ FREQUENT OBSERVATION _____ INFREQUENT OBSERVATION _____

DIRECTIONS:

1. The above named applicant is applying for admission to an Allied Health Program at OHSU. Would you please be kind enough to give a frank and careful estimate of this candidate's abilities? Your comments will be used to help evaluate and select individuals most likely to satisfactorily complete the academic training program.
2. For each area to be assessed, carefully read each statement and place an (X) in the box that most nearly expresses your judgment of each criterion. Refer to the summary comments for interpretation of recommendation categories.
3. Comments are requested for each area in which the recommendation is either above or below acceptable. If needed, an additional sheet with comments can be attached or a letter of reference written addressing the items described below.

6 = Exceptional 4 = Acceptable 2 = Unacceptable
 5 = Shows much potential 3 = Some improvement needed 1 = Unable to Judge

	6	5	4	3	2	1
COMMUNICATION						
Communicates written ideas in an effective, organized, grammatically correct manner. -----	___	___	___	___	___	___
Writes legibly. -----	___	___	___	___	___	___
Oral Communication is organized, direct and is grammatically correct. -----	___	___	___	___	___	___
Listens actively and clarifies misunderstandings. -----	___	___	___	___	___	___
Communicates needs and desires in an appropriate and timely manner. -----	___	___	___	___	___	___
Comments:						

APPLICATION OF KNOWLEDGE

Retains new and complex information and displays comprehension by discussion, questions or problem solving. -----	___	___	___	___	___	___
Employs sound deductive reasoning in application of knowledge in new situations. -----	___	___	___	___	___	___
Critically evaluates the work and reaches valid conclusions. -----	___	___	___	___	___	___
Comments:						

ORGANIZATION/WORK HABITS

Recognizes and establishes priorities to meet deadlines. Comes prepared to do assigned tasks. -----	___	___	___	___	___	___
Plans course of action and completes all assigned tasks. -----	___	___	___	___	___	___
Uses time efficiently - does not waste time. -----	___	___	___	___	___	___
Maintains orderly work area. -----	___	___	___	___	___	___
Uses and maintains equipment/instruments properly. -----	___	___	___	___	___	___
Handles equipment/instruments carefully. -----	___	___	___	___	___	___
Uses materials and supplies economically. -----	___	___	___	___	___	___
Comments:						

INTEREST & MOTIVATION

Exhibits realistic drive for laboratory sciences by seeking information and assessing talents and interests -----	___	___	___	___	___	___
Demonstrates intellectual curiosity by performing unsolicited work or obtaining additional information from available resources -----	___	___	___	___	___	___
Volunteers to help whenever possible. -----	___	___	___	___	___	___
Comments:						

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SIDE 2

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6 5 4 3 2 1

ACCOUNTABILITY

Recognizes and admits to errors: follows through with corrective action. -----	_____	_____	_____	_____	_____	_____
Arrives when expected and begins assigned tasks promptly. -----	_____	_____	_____	_____	_____	_____
Follows instruction carefully - does not use unacceptable shortcuts. -----	_____	_____	_____	_____	_____	_____
Demonstrates perseverance by voluntarily repeating work if indicated and applying self to problems until resolved. -----	_____	_____	_____	_____	_____	_____
Willing to extend hours when needs justify. -----	_____	_____	_____	_____	_____	_____
Completes assigned tasks. -----	_____	_____	_____	_____	_____	_____
Rarely has unplanned, unexplainable absences. -----	_____	_____	_____	_____	_____	_____
Comments:						

ADJUSTMENT TO STRESSFUL SITUATIONS

Remains composed in unanticipated or adverse situations. -----	_____	_____	_____	_____	_____	_____
Able to adjust work patterns or organization in variable situations. -----	_____	_____	_____	_____	_____	_____
Accepts constructive criticism positively as evidenced by consistent and prompt improvement. -----	_____	_____	_____	_____	_____	_____
Maintains friendly relationships and sense of humor with others when under stress. -----	_____	_____	_____	_____	_____	_____
Comments:						

DECISION MAKING

Recognizes problems. -----	_____	_____	_____	_____	_____	_____
Formulates plan of action. -----	_____	_____	_____	_____	_____	_____
Follows through to solution. -----	_____	_____	_____	_____	_____	_____
Accepts consequences of decisions. -----	_____	_____	_____	_____	_____	_____
Comments:						

INTERPERSONAL SKILLS WITH PEERS AND INSTRUCTORS (SUPERVISORS)

Is a good team worker - demonstrates willingness to compromise when appropriate. -----	_____	_____	_____	_____	_____	_____
Makes suggestions for change in positive manner through proper channels. -----	_____	_____	_____	_____	_____	_____
Generally supports policies and accepts things that cannot be changed. -----	_____	_____	_____	_____	_____	_____
Gives validity to the opinions and rights of others - sensitive and supportive of the needs of others. -----	_____	_____	_____	_____	_____	_____
Able to organize and lead group activities. -----	_____	_____	_____	_____	_____	_____
Comments:						

MANUAL DEXTERITY -----

ADDITIONAL COMMENTS (Requested for above or below acceptable recommendations):

SUMMARY OF RECOMMENDATION: (Place an (X) by the statement that most nearly expresses your judgment).

- _____ **EXCEPTIONAL INDIVIDUAL:** Highest caliber, Recommended Enthusiastically
- _____ **SHOWS MUCH POTENTIAL:** Recommended with Confidence
- _____ **ACCEPTABLE:** Should be able to complete professional studies satisfactorily, Recommended
- _____ **SOME IMPROVEMENT NEEDED:** May have difficulty with professional studies, Recommended with Reservation
- _____ **UNACCEPTABLE:** Not Recommended

SIGNATURE _____

DATE FORM COMPLETED _____

NOTE: RETURN FORM TO APPLICANT IN SEALED ENVELOPE WITH YOUR SIGNATURE ACROSS THE SEALED FLAP. IF THIS IS NOT SUITABLE, SEND YOUR LETTER DIRECTLY TO THE PROGRAM COORDINATOR AS LISTED BELOW.

**Anne Maddeford, Program Director
3181 SW Sam Jackson Park Rd., GH
Portland, OR 97201-3098**

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