



2019 Nursing Student Internship –Faculty Reference Form

Greetings,

[Students Name Here] is applying to a Nursing Student Internship Program. As part of the application process applicants must obtain 2 references, one should be from a clinical instructor and the other can be from a clinical instructor, other nursing faculty, or a supervisor if you have a health-related job.

Please complete the evaluation and Faculty Reference Form and email it directly to the Nursing Student Internship Program administrator at Angela.Pomeroy@slhduluth.com

The completed Faculty Reference Form should be submitted with the internship application by **December 14th, 2018**.

To Be Completed By the Nursing Student

Student's Authorization to Release Clinical/Faculty Reference

I have applied to a Nursing Student Internship Program and I authorize you to release the information requested within this Faculty Reference Form. **This page (p. 1) of this document should remain with the school/faculty as evidence of student's permission to provide the reference. Page 2 document of this document should be directed to the specific clinical agency as requested by the student.**

Printed Name

Signature (electronic is acceptable)

Today's Date

Educational Institution

Daytime Phone

Other Contact

To Be Completed by the Clinical or Faculty Reference (submit to clinical agency as directed by student).

Signature (electronic is acceptable) Title

Briefly describe how you know this applicant (e.g., clinical, classroom)

Educational Institution

Daytime Phone

Email address

Check those which apply:

	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Cannot Evaluate
Clinical judgment/ critical thinking				
Appropriately responds to stressful situations				
Organizational ability				
Technical skills				
Initiative				
Consistent Performance				
Interpersonal & communication skills				
Flexibility/Ability to adjust to new situations				
Integrity				
Preparation for clinical, labs or classroom.				
Attendance/punctuality	N/A			N/A
Meets Deadlines	N/A			N/A

Please comment on the student's talents and strengths:

Please comment on the student's weaknesses and areas for improvement:

Overall Evaluation:

Strongly recommend Recommend Do not recommend

****Please note:** Clinical agencies agree to accept this generic form without the specific agency logo.