

**THE UNIVERSITY OF IOWA
PERFUSION EDUCATION PROGRAM
APPLICANT REFERENCE FORM**

Applicant needs to fill out and sign the upper portion of this form, then save it and forward it to your reference to finish filling out. Alternatively, print off copy of form and mail to reference.

I, _____ (applicant's name), waive my right of access to this letter of recommendation.

Applicant's Signature

I. Evaluator's Instructions: In each category, rate the candidate 1 to 5: 1=poor; 2=fair; 3=average; 4=good; 5=outstanding.

1. *Attendance*

Punctuality/dependability.

Communication and justification concerning absences.

2. *Abilities*

Initiative, motivation to complete assigned and unassigned tasks.

Level of competence exhibited in work, problem solving ability, manual dexterity.

Intellect, aptitude for learning new information and tasks.

3. *Maturity*

Effective decision making process, response to life experience, self confidence, assertiveness.

Flexibility, ability to deal with change, ability to empathize with others, sensitivity.

4. *Interpersonal Skills*

Ease of communication, listening ability, clarity of expression, organization of ideas.

Ability to interact with others to complete assignments, leadership qualities.

Genuineness, warmth, authenticity, enthusiasm, sincerity.

II. How would you characterize this person's strengths and weaknesses?

III. Do you have any reason to question this individual's honesty or integrity? If yes, please explain.

IV. Have you witnessed any difficulties with this individual's work/academic performance or attitude? If yes, please comment.

V. Additional Comments:

Nature and length of relationship to applicant:

Evaluator:

Signature

Date

Name

Title

Department

Organization

When completed, please _____ and return form to the applicant in a sealed envelope with your signature along the seal. This form will be submitted directly to the program by the applicant. Please do not directly mail this form to us on the student's behalf.