

**Columbia Area Career Center  
Professional & Community Education**

Applicant's Name \_\_\_\_\_

4203 S Providence Rd.  
Columbia, MO 65203  
www.career-center.org  
Phone 573.214.3772 • Fax 573.214.3773



Please complete this form and return it directly to the Health Science Office or email to [Rhudson@cpsk12.org](mailto:Rhudson@cpsk12.org).

**EVALUATION OF APPLICANT'S PERFORMANCE AND POTENTIAL**

This applicant is a candidate for admission to Columbia Public Schools' Surgical Technology program. We would appreciate your evaluation of the applicant's performance and potential. Your comments will be used by faculty members of this program and will be kept in confidence. We appreciate your cooperation in completing and promptly returning this evaluation.

**Please mark "X" in the appropriate box**

	Inferior 0 Points	Below Average 1 Point	Average 2 Points	Above Average 3 Points	Superior 4 Points
Do you consider this applicant to be reliable? Comments:					
Do you consider this applicant to be a responsible person? Comments:					
Do you consider this applicant to be dependable? Comments:					
Does this applicant consistently meet deadlines? Comments:					
Is this applicant a nurturing/caring person? Comments:					
Does this applicant consistently complete assigned tasks? Comments:					
How would you rate this applicant as a health care provider? Comments:					

How long have you known this applicant? \_\_\_\_\_ In what capacity do you know this applicant? \_\_\_\_\_

Do you consider this applicant to be an honest, trustworthy person? Yes \_\_\_\_\_ No \_\_\_\_\_

What are the applicant's strengths? Give examples:

What would you identify as areas for improvement for this applicant? Give examples:

Reference Printed Name

Reference Signature

Date