

NURSE AIDE PROGRAM REFERENCE FORM

Student's Name _____

Date _____

Circle School: LHS SRHS JFHS

Using a scale of 1 (weakest) to 5 (best), please rate this student applicant in the following areas. You may select DK if you don't know how to respond to a category.

Professionalism (Hygiene, ability to project a positive business image)	1	2	3	4	5	DK
Work Ethic (Accepts responsibility, displays dependability, motivated and willing to work)	1	2	3	4	5	DK
Ability to follow directions (Responds positively to requests given, teachable attitude)	1	2	3	4	5	DK
Ability to work in Groups (Able to overcome differences with others and complete the task or project given.)	1	2	3	4	5	DK
Problem Solving (Solves problems, asks questions, verifies information)	1	2	3	4	5	DK
Initiative (Self motivated, spends time on task)	1	2	3	4	5	DK
Potential as a nurse aide (Ability to connect with adults)	1	2	3	4	5	DK
Attendance (Consistency in class, punctuality, completes work missed)	1	2	3	4	5	DK

Your **honest feedback** is important in the selection of the students best suited for this program. Please **include comments** to help the selection committee make wise choices. Continue on the back of this form if you need additional space.

Why would you recommend this student for the Nurse Aide Program?

Signature _____ Date: _____

Circle- Teacher, Counselor, Professional

William Vickery MSN RN, NA Program Coordinator
Nurse Aide Program at Susie Gibson Science Technology Center