

ARKANSAS STATE UNIVERSITY
 COLLEGE OF NURSING AND
 HEALTH PROFESSIONS

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

REFERENCE EVALUATION OF DIAGNOSTIC MEDICAL SONOGRAPHY APPLICANT

To Be Completed By Applicant:

Applicant's Name: _____
Last First Middle

Please check one of the following two release statements:

Letter is confidential. I waive my rights of access under the Family Education Rights and Privacy Act of 1974, or other laws, regulations or policies. (Applicants NOT permitted to read evaluation.)

Letter is NOT confidential. I do not waive my right of access. (Applicants ARE permitted to read evaluation.)

 (Applicant's Signature)

To the evaluator: The above-named applicant to Arkansas State University Diagnostic Medical Sonography Program is requesting a reference evaluation from you. If you do not know the applicant well enough to complete the following form, please return it to him/her. It is more helpful for the applicant and the Admissions Committee to have a recommendation from someone who knows him or her well, so please consider this carefully.

Reference evaluations play an important role in our selection process, and we greatly appreciate your thoughtful and frank appraisal of the applicant. The enclosed form has been designed to obtain the specific information we desire, therefore it is important that you utilize it primarily in your evaluation and submit additional letters ONLY if you need to present information not covered on the form.

Applicants have been notified that evaluation materials will be considered confidential unless they specifically state that their right of access has not been waived. The applicant has indicated above whether he/she waives the right of access to this information.

After completing this form, please place it in an envelope, seal the envelope and sign it across the seal. Then return it to the applicant who will forward it to the Diagnostic Medical Sonography Program Director, unopened, with the remaining application materials. This procedure allows the applicant to know that he/she has all necessary documents to submit a complete application packet by our deadline. Please confirm with the applicant the due date to him/her for this letter of evaluation. Thank you for your assistance.

- I. Compared to other individuals of college age, rate to what extent the applicant appears to possess the attributes listed below. Please use the following scale:
0 = not observed, 1 = lower 50% (below average), 2 = in the 50% (average), 3 = upper 30% (above average), 4 = upper 20% (outstanding individual), 5 = 10% (exceptional individual)

| | | | | | | | |
|----|--|---|---|---|---|---|---|
| A. | Ability to communicate effectively (oral, include poise) | 0 | 1 | 2 | 3 | 4 | 5 |
| B. | Ability to communicate effectively (written, include clarity) | 0 | 1 | 2 | 3 | 4 | 5 |
| C. | Ability to work with others (interpersonal skills) | 0 | 1 | 2 | 3 | 4 | 5 |
| D. | Evidence of psychological maturity and stability | 0 | 1 | 2 | 3 | 4 | 5 |
| E. | Ability to accept criticism and grow with life experience | 0 | 1 | 2 | 3 | 4 | 5 |
| F. | Interest in and knowledge of Diagnostic Medical Sonography | 0 | 1 | 2 | 3 | 4 | 5 |
| G. | Potential for success in the field of Diagnostic Medical Sonography | 0 | 1 | 2 | 3 | 4 | 5 |
| H. | Potential as a leader | 0 | 1 | 2 | 3 | 4 | 5 |
| I. | Reliability to complete assignments/jobs accurately and on time | 0 | 1 | 2 | 3 | 4 | 5 |
| J. | Breadth of general knowledge, intellectual ability, logical thinking | 0 | 1 | 2 | 3 | 4 | 5 |
| L. | Interest in independent inquiry, ingenuity, originality, imagination | 0 | 1 | 2 | 3 | 4 | 5 |
| M. | Personal qualities (sincerity, initiative, enthusiasm, patience) | 0 | 1 | 2 | 3 | 4 | 5 |

II. Using the same rating scale as before, please indicate the strength of your overall endorsement and your expectations of performance by the applicant for our diagnostic medical sonography program:

- 1 = Below Average (Lower 50%) 4 = Outstanding (Upper 20%)
 2 = Average (in the 50%) 5 = Exceptional (Upper 10%)
 3 = Above Average (Upper 30%)

III. Indicate in what capacity you have been associated with the applicant:

- as a student in a lecture course
 as a student in laboratory courses
 as a student engaged in research/independent study under my direction
 as my advisee
 as an employee (describe) _____
 other (state) _____

IV. How long have you known the applicant? _____

V. How well do you know the applicant? A. Very Well B. Fairly Well C. Slightly

VI. What would be your attitude toward having this applicant in a responsible position under your direction?

- A. Definitely would want him/her. D. Would prefer not to have him/her.
B. Would want him/her. E. Definitely would not want him/her.
C. Would be satisfied to have him/her. F. Unable to judge.

VII. General Comments: You may use the space below to make further comments about the applicant if you so desire.

Evaluator's Signature: _____ Date: _____

Please print name: _____ Title: _____

Organization _____

Evaluator's Address: _____ Phone: _____