



# Trinity Hospital School of Radiologic Technology

Health Center – 3<sup>rd</sup> Street • 420 3<sup>rd</sup> Street S.E.

P.O. Box 5020 • Minot, North Dakota 58702-5020 • 701-857-5620 • Fax: 701-857-3494

## Evaluation of Applicants Performance and Potential

Dear \_\_\_\_\_

\_\_\_\_\_ has applied for admission to the Trinity School of Radiologic Technology, and identified you as a personal reference. Your evaluation is a **VITAL** part of the application and evaluation process. **Please return the form to the program director by January 15.** Your evaluation will be used to gain a better understanding of the applicant’s performance and potential.

On the back of this form is a waiver statement that the applicant has the option to sign. If the applicant signs in agreement of the waiver, your evaluation **WILL NOT** be reviewed by the applicant. If the applicant does not sign the waiver, and is accepted for admission, the student **WILL** have the right to review you evaluation.

Applicant:  Did  Did not sign the waiver

Your cooperation in completing and returning this form is appreciated. You may return via mail or fax.

Sincerely,

Program Director

Please indicate what type of reference you are supplying:  employment  academic  personal

How long have you known the applicant? \_\_\_\_\_

Listed below are characteristics important in evaluating potential student radiographers. Please rate the applicant on each characteristic by circling the number corresponding to the guide below.

1. *Consistently behaves in this fashion.*
2. *Generally behaves in this fashion.*
3. *Behavior noted occasionally.*
4. *Behavior noted under supervision.*
5. *No evidence of behavior described.*
6. *Not applicable to relationship.*

1 2 3 4 5 6

**RESPONSIBILITY** — completes assigned duties and assumes accountability for actions. Demonstrates behaviors such as punctuality, compliance with rules and regulations, care of equipment, and observance of schedules.

1 2 3 4 5 6

**INITIATIVE** — shows self-direction, problem-solving abilities, task completion, and motivation.

1 2 3 4 5 6

**INTERPERSONAL SKILLS** — ability to work with others. Demonstrates effective written and oral communication skills, organizational skills, and general work habits.

1 2 3 4 5 6

Works well with supervisors — accepts correction, reports on progress, requests information as needed.

1 2 3 4 5 6

Works well with co-workers — shows teamwork, cooperativeness, pleasant disposition, adaptability.

1 2 3 4 5 6

Works well as a supervisor, or authority — is objective observant, encouraging, supportive.

1 2 3 4 5 6

**MATURITY** — shows intellectual and emotional development. Behaviors such as self-reliance, ability to handle new situations and stress, flexibility.

1 2 3 4 5 6

**COMPASSION** — demonstrates empathy or support. Behaviors such as: anticipation of the needs of others, acceptance of the behaviors of others, non-judgmental evaluation of others.

Please write a brief statement concerning the applicant's character and abilities.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please return this form to:

Program Director  
TRINITY SCHOOL OF RADIOLOGIC TECHNOLOGY  
P.O. Box 5020  
Minot, ND 58702-5020



### WAIVER

*The Family Educational Rights and Privacy Act permits us to request, but not require, that you waive your right to inspect this evaluation. The right, which we request that you waive, would arise if you were an enrolled student at this school and if the evaluation were maintained after your enrollment. In considering whether you will waive, please be advised that the information contained on this form will be used to evaluate you as an applicant for admission to this School of Radiologic Technology. **IF YOU ELECT TO WAIVE YOUR RIGHTS OF ACCESS TO REVIEW THIS INFORMATION, PLEASE SIGN YOUR NAME:***

Date: \_\_\_\_\_

Signature: \_\_\_\_\_