DIAGNOSTIC MEDICAL SONOGRAPHY PERSONAL REFERENCE FORM

Please return completed form via mail, fax or email to:
Trinity Health DMS Program,
Amy Hofmann, Program Director, PO Box 5020, Minot, ND 58701
Fax: 701-857-3925
amy.hofmann@trinityhealth.org

NAME OF APPLICANT _____
First Middle Last

I, _____ waive the right to review this recommendation. I understand this will be kept confidential.

_____ _____
Applicant Signature Date

The applicant named above is applying for admission to the Diagnostic Medical Sonography program at Trinity Health in Minot, North Dakota. The statements you make will be regarded as confidential.

PLEASE RATE THE QUALITIES OF THIS APPLICANT BASED ON THE FOLLOWING:
Please circle the appropriate rating number for each of the eight categories

COMMUNICATION SKILLS		**MATURITY**	
Communicates very well with others, demonstrates effective written and oral communication skills	5	Demonstrates outgoing positive attitude, high intellectual and emotional development, self-reliant, tactful, acts responsibly, tolerates pressure well	5
	4		4
Hesitant and sometimes uncomfortable in communicating with others	3	Sometimes irritated and confused, usually remains calm, occasionally makes critical comments	3
	2		2
Shy, reserved, keeps to self, avoids conversations and confrontations	1	Has difficulty under stress, complains frequently, critical of others or situations	1
COOPERATION		**DEPENDABILITY**	
Enthusiastically assists others, completes tasks without complaining	5	Always punctual, complies with rules and policies, completes assigned duties, takes responsibility for actions	5
	4		4
Does what is assigned but seldom shows interest beyond assignments	3	Usually punctual, generally complies with rules and policies	3
	2		2
Has difficulty working with others, prefers to do things their own way	1	General disregard of schedule, rules and policies, irresponsible, not reliable	1

INITIATIVE		PERSONAL APPEARANCE	
Demonstrates high enthusiasm, self-direction, motivation, task completion and problem-solving skills, a self-starter	5	Consistently follows dress code, attire is neat, clean and fits properly, hair/beard/mustache kept neat and clean	5
	4		4
Typically shows enthusiasm, sometimes needs encouragement to complete tasks	3	Generally, follows dress code, typically well groomed	3
	2		2
Lacks self-motivation, does just enough to get by, tasks not always completed	1	Inconsistent in personal appearance, disregards dress code	1
DECISION MAKING ABILITY		**QUALITY OF PERFORMANCE**	
Makes decisions quickly and intelligently, able to weigh pros and cons to make the right decision	5	Requires minimum supervision, tasks are completed with high attention to detail, closely following instructions	5
	4		4
Usually makes the best decision after some thought, sometimes uncertain	3	Requires some supervision, tasks completed with minor corrections or improvements	3
	2		2
Unable to set priorities, unsure of self, often unable to make decisions or changes mind	1	Needs direct supervision, makes frequent errors, inconsistently follows directions	1

Please rate the applicant as if you were responsible for an employment position this person applied for:

- Would definitely hire/accept
- Would probably hire/accept
- Would hire/accept with reservations
- Would hire/accept as a last resort
- Would not hire/accept

1. Type of reference/relationship to applicant? Employment Academic Personal

2. How long have you known the applicant? _____

3. How well do you know the applicant? Very well Fairly well Slightly

Please feel free to provide additional information that you believe would be helpful to the Admissions Committee in the evaluation of this applicant's performance and potential. Thank you for your time and valuable input.

_____

Print Name Address Occupation

_____ _____

Signature Date