NAME OF APPLICANT _____

Information on this reference form is considered confidential and will not be disclosed to the applicant by the MLT Program. Completed reference forms may be returned to the school by having the evaluator email the form to paula.yarborough@colin.edu; mailed directly to Co-Lin MLT Program, P.O. Box 649, Wesson, MS 39191 **or** the applicant may hand deliver. Each reference should be placed in a sealed envelope with signature of the evaluator across the back flap of the envelope if mailed or hand delivered. Reference forms completed by family, friends, or acquaintances will not be accepted.

RATING

Evaluation Areas	Excellent (4)	Above Average (3)	Average (2)	Below Average (1)
*Problem Solving***:** Thinks through situations; considers alternatives; arrives at logical/sound conclusions; prioritizes; takes appropriate action.				
*Works well with others***:** Gets along well with peers and/or coworkers; shows respect & tact in peer relationships; resolves conflict through appropriate channels.				
*Accepts constructive criticism***:** Can accept guidance & constructive criticism from authority figures resulting in improved behaviors; does not exhibit negative behaviors during this process.				
*Dependability/Responsibility***:** Is dependable, reliable, & responsible in attending and completing required work/course activities; completes tasks/duties as assigned.				
*Flexibility/Adaptability***:** Is flexible & adaptable in work/learning situations; displays rationale & stable behavior in new, diverse, or unexpected situations.				
*Integrity***:** Behavior seems to be guided by moral/ethical principles & values; displays honesty and trustworthiness				
*Initiative***:** Seeks appropriate assistance as needed; sets & achieves goals; seeks out learning opportunities; assumes responsibility for behaviors.				

Based on your knowledge of this applicant, do you recommend the applicant to the Medical Laboratory Technology Program? _____YES _____ NO   Whether yes or no, please explain/comment below.

Individual completing this reference form:

Name (please print): _____

Title: _____ Organization: _____

Signature: _____

Relationship to Applicant: _____ Academic _____ Employer _____ Other (please specify) _____

Updated June 2024

Email Address: _____   Phone: _____
Please use the back for any additional comments.