Reference Form
Copiah-Lincoln Community College
Radiologic Technology Program

NAME OF APPLICANT _____

Information on this reference form is considered confidential and will not be disclosed to the applicant by the Radiology Program. Completed reference forms may be returned to the school by having the evaluator email the form to kelly.fenwick@colin.edu; mailed directly to Co-Lin Radiology Program, P.O. Box 649, Wesson, MS 39191 **or** hand delivered to the Anderson Building. 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. Forms ***WILL NOT*** be accepted if delivered by the applicant!

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 Radiologic 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) _____

Email Address: _____ Phone: _____

Please use the back for any additional comments.