

Pediatric Faculty Recommendation Form

Faculty Directions: Please help us understand the student's ability in the classroom and clinical setting, work ethic, professionalism, as well as their ability to overcome challenges by answering the questions below.

Student Name: _____

School: Cincinnati State / UCBA

I, _____, verify that the student listed above is currently in or has successfully completed their pediatric rotation (NUR 103 or NSTN 2008C/2010C CCHMC Locations).

Please rank the following using the scale: 5-Excellent 4-Good 3-Average 2-Fair 1-Needs Improvement	Score	Comments
1. Attendance		
2. Cooperation		
3. Character		
4. Communication		
5. Respect		
6. Productivity		
7. Organizational Skills		
8. Professional Appearance		
9. Teamwork		
10. Attitude		
11. Works effectively and amicably with others at all levels		
12. Acceptance of suggestions and criticism		

Overall, I would Highly Recommend this student
 Recommend this student
 Not Recommend this student

Please provide comments or examples to illustrate the student's ability to face challenges and succeed:

Faculty Signature: _____ Date: _____