



REFERENCE FORM

You may send this form to your reference to fill out and return with your application. If your reference would prefer to submit a traditional letter of recommendation, submit that instead of this form.

In what capacity do you know this applicant? _____

How long have you known this applicant? _____

Please indicate the applicant's ability and competence in comparison with other individuals whom you have known.

	Exceptional (Top 1%)	Outstanding (Upper 10%)	Very Good (Upper 15%)	Above Average (Upper 25%)	Average (Upper 50%)	Below Average (Lower 50%)	Inadequate Knowledge
Adaptability							
Ability to follow instructions							
Ability to work under pressure							
Ability to handle negative feedback							
Communication skills – oral							
Communication skills – written							
Emotional maturity							
Initiative							
Motivation							
Integrity							
Interpersonal skills							
Punctual							
Dependable							

We understand no one is perfect. What would you say are the applicant's three (3) key areas for improvement?

What are three (3) of the applicant's greatest strengths?

Please indicate your overall endorsement of the applicant:

Recommend highly

Recommend

Recommended with reservation

Name: _____ Position/Title: _____
PLEASE PRINT

Organization: _____
DEPARTMENT INSTITUTION

Address: _____
(Include city, state, and zip code)

Signature: _____ Date: _____

Phone: _____ Email: _____

Although our admissions process does not allow time to individually thank each evaluator of our applicants, the Froedtert Diagnostic Medical Sonography Program appreciates your time and effort in completing this form.