

BRISAH

Board of Rhode Island Schools of Allied Health

Please return when complete to:

Theresa Tellier-Castellone
Program Director, School of Medical Technology
593 Eddy St.
POB Rm 034
Providence, RI 02903
Phone: 401-444-5724 Fax: 401-444-0151
Email: ttelliercastellone@lifespan.org

Student Reference Form

Applicant's Name

To the Applicant: Do you wish to waive your right to examine this letter of recommendation?

YES NO

As provided by the U.S. *Federal Educational Rights and Privacy Act of 1974 (FERPA)*, you may waive your right to view the completed reference. If you wish to do so, please sign below.

I hereby waive my right to view the reference form from

Name of Reference

Applicant's Signature

Date

Dear:

Name of Reference

The student listed above has applied for a hospital internship to fulfill the academic requirements of a senior year in Medical Laboratory Science and has giving your name as a reference. Your honest feedback of this applicant's qualifications would greatly assist us in processing this application.

The checklist has been supplied for your convenience. You may substitute a statement of qualifications of the applicant instead of this form if you so desire. A prompt reply would be greatly appreciated. Thank you for assistance.

Best-



Theresa Tellier-Castellone MPH, MLS(ASCP)
Program Director, School of Medical Technology
Our Lady of Fatima
Rhode Island Hospital

How long have you known the applicant? Years: _____ Months: _____

In what capacity? Teacher Professor Employer

Other _____

Please rate the applicant's ability in the following areas:

- | | | | | | |
|-------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|--|
| Adapts to change | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | <input type="checkbox"/> No opportunity to observe |
| Accuracy of work performed | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | <input type="checkbox"/> No opportunity to observe |
| Motor coordination | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | <input type="checkbox"/> No opportunity to observe |
| Ability to grasp instructions | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | <input type="checkbox"/> No opportunity to observe |
| Motivation | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | <input type="checkbox"/> No opportunity to observe |
| Attendance | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | <input type="checkbox"/> No opportunity to observe |
| Initiative | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | <input type="checkbox"/> No opportunity to observe |
| Work Ethic | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | <input type="checkbox"/> No opportunity to observe |
| Integrity | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | <input type="checkbox"/> No opportunity to observe |

Additional comments:

Signature _____ Date _____

Name & Title (Please Print) _____ Place of employment _____