



Graduate student appraisal form

Name of applicant _____ Date _____

RN to MSN MSN Post MSN Major _____

Please indicate your association or contacts with the applicant which serves as a basis for your impressions of the applicant as a prospective advanced graduate candidate.

- | | |
|---|---|
| <input type="checkbox"/> Have known the applicant personally for some time.
<input type="checkbox"/> Have observed the applicant's professional role.
<input type="checkbox"/> Have had the applicant in class. | <input type="checkbox"/> Have had only casual, infrequent contacts with the applicant.
<input type="checkbox"/> Not in a position to express an opinion about the applicant. If so, please return this form to the address on the reverse side without completing the other parts. |
|---|---|

I have known the applicant for _____ years.

Please use a check mark to indicate your judgment of the applicant with regard to the following traits when compared to other students, nurses, and/or employees whose work you have guided and observed. Please use the following scale to rank the applicant's competency in the areas indicated:

- | | | |
|---------------------|-----------|----------------------|
| 1= Never | 2= Rarely | 3= Often |
| 4= Most of the time | 5= Always | 6= Not able to judge |

CLARITY OF GOALS	1	2	3	4	5	6
Does the applicant show evidence of clear-cut professional goals?						
Does the applicant show clear self-direction in the pursuit of these goals?						
INDUSTRY	1	2	3	4	5	6
Is the applicant willing to expend the effort necessary to achieve goals?						
Does the applicant appear to expend effort and energy wisely?						
ABILITY TO FACE REALITY	1	2	3	4	5	6
Does the applicant foresee and face problems realistically and objectively?						
Does the applicant approach problems in a constructive manner?						
Is the applicant able to take well-meant criticism and use it constructively?						
ABILITY TO THINK CRITICALLY	1	2	3	4	5	6
Does the applicant show insight in identifying problems?						
Does the applicant select and utilize relevant resources in problem solving?						
INTERPERSONAL RELATIONSHIPS	1	2	3	4	5	6
Does the applicant participate willingly and effectively as a group member?						
Does the applicant show leadership ability when the occasion permits?						
INITIATIVE AND CREATIVITY	1	2	3	4	5	6
Does the applicant reflect originality in approaching problems?						
Does the applicant see things which need to be done?						

(Continued on reverse)

NURSING SKILLS	1	2	3	4	5	6
Does the applicant exhibit appropriate nursing clinical skills?						
Does the applicant display willingness to expand current knowledge?						
Does the applicant indicate ability to internalize and apply new concepts?						
COMMUNICATION SKILLS	1	2	3	4	5	6
Does the applicant speak clearly and effectively?						
Does the applicant express ideas clearly in writing?						
Does the applicant accurately and effectively interpret the ideas of others?						
PERSONAL AND INTELLECTUAL INTEGRITY	1	2	3	4	5	6
Does the applicant appraise his/her own strengths and weaknesses objectively and accurately?						
Does the applicant represent himself/herself honestly?						
Does the applicant pursue goals ethically and conscientiously?						

Please indicate, by checking the appropriate category, your judgment regarding this applicant's promise as a candidate for advanced studies:

Should be accepted
 Should be encouraged
 Should be discouraged
 Should not be accepted

Please explain any unusually high and/or unusually low ratings you gave this applicant.

Signature

Credentials

Position and/or title

Institution

Address, city, state, ZIP

*NOTE: The Family Educational Rights and Privacy Act of 1974 opens many student records for the student's inspection. The Law also permits the student to sign a waiver relinquishing his right to inspect letters of recommendation. The applicant's signature below constitutes a waiver, **no signature** means the student will have the right to read this reference.*

Signature

Date

[Type text]