



UNC Health Care Graduate Nurse Reference Checklist

Date _____

Applicant _____

Graduation Date _____

I authorize my clinical instructor to release to UNC Health Care any information concerning my clinical performance and release the clinical instructor from any liability whatsoever for providing the requested information.

Signature _____

Date _____

To the clinical instructor: The above applicant has applied for employment at UNC Healthcare. Please check the column that most clearly characterizes your appraisal of this applicant as a student in the clinical environment. Thank you very much for your time and assistance.

CATEGORY	Exceeds Expectations	Meets Expectations	Needs Improvement	N/A
Academic Performance				
Interpersonal Skills				
Clinical/Technical Competence				
Critical Thinking Skills				
Dependability				
Professionalism				
Appearance/Grooming				
Punctuality				
Leadership Qualities				
Motivation				

Additional Comments: _____

In comparison with the others in the class how would you rank this student?

Upper 10% ____ Upper 25% ____ Middle ____ Lower 25% ____ Lower 10% ____

Were you a Clinical Instructor? ____ Classroom Instructor? ____ Both? ____

Instructor Name _____ Title _____

Signature _____ Course(s) Taught _____

School _____ Date _____