

**Mississippi Baptist Medical Center
School of Medical Technology
1225 N. State Street
Jackson, MS 39202**

REFERENCE EVALUATION FORM

Name of Applicant: _____
(Please Print)

Name of Evaluator: _____
(Please Print)

Instructions to Applicant:

You may waive the right of access to written evaluations as provided for under the Family Educational and Privacy Act of 1974. Designate your wishes below.

_____ *I hereby waive my right of access to the evaluation provided by the person named above and he/she should be hereby notified that the confidentiality of the evaluation is preserved.*

_____ *I do not waive my right of access to the confidential evaluation provided by the person named above, and he/she should be notified that I retain my right of access. Thus the confidentiality of the evaluation is not guaranteed. Moreover, I understand that not waiving my right of access is not prejudicial to my application.*

Instructions to Evaluator:

The above-named applicant has requested that you evaluate him/her as a candidate to the Medical Technology Program at Mississippi Baptist Medical Center. To determine if the evaluation will be confidential, see above. A waiver is on file on the student's official application.

The Admissions Committee would like to express our appreciation for the time and effort expended in writing letters for Medical Technology applicants. We realize that this is a tedious and time-consuming task. In an effort to reduce the task, we have prepared a form that may elicit the desired information. In order to fairly evaluate all students, we use this form to establish a common base. However, you may add a personal letter of recommendation if you so desire.

If you prefer to write a letter instead of using the form, please feel free to do so. Should you choose to write a letter, the guidelines set forth in this form indicate the information we need and desire.

In view of the technical and professional field for which these students are being considered, it is essential that we know more of their qualifications than a transcript reveals. We rely heavily on your evaluation of candidates who provide your name as reference. This information will be strictly confidential, and will be accessible only to the admission committee and the Program Director of the School of Medical Technology.

Please DO NOT return this form to the applicant. Return it promptly to the Program Director.

Jennifer Knight, Program Director
School of Medical Technology
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Fax: 601-974-6286
Phone: 601-968-3070
Email: jknight@mbhs.org

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Acquaintance with the Applicant	
Length of time:	In what capacity:
Rank in class (if available):	

Character Evaluation	
<p>The following traits should be evaluated primarily on personal qualities believed relevant to an individual's performance. For each trait, circle the number of the rating you choose.</p> <p style="margin-left: 40px;">5 = Excellent 4 = Above Average 3 = Average 2 = Below Average 1 = Unsatisfactory 0 = Unable to evaluate</p> <p>The words in parentheses under each trait may not correlate with the trait for this individual. If they do not, please circle those that DO NOT correlate and explain why under each trait.</p>	
Interpersonal Relationship Skills (cooperative, tactful, assertive, leadership potential)	5 4 3 2 1 0
Character (honest, trustworthy, dependable, responsible, reliable, respectable, ethical)	5 4 3 2 1 0
Communication Skills (articulate, clear, vocal, grammatical, responsive, attentive)	5 4 3 2 1 0
Industry (diligent, prompt, reliable, persistent, good organizer, initiative)	5 4 3 2 1 0
Technical Competence (good manual dexterity, efficient use of time & materials)	5 4 3 2 1 0
Judgment (moral, ethical, realistic, prudent, critical, responsible)	5 4 3 2 1 0
Knowledge of Profession (opportunities, challenges, responsibilities)	5 4 3 2 1 0
Maturity (stability, self-awareness, responsive to criticism, self-discipline)	5 4 3 2 1 0

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Motivation (need to succeed, initiative, commitment)	5 4 3 2 1 0
Personality (patient, humorous, warm, cheerful, positive)	5 4 3 2 1 0
Personal Appearance (neat, clean, appropriate)	5 4 3 2 1 0
Psychomotor Skills (agile, coordinated, dexterous)	5 4 3 2 1 0
Punctuality/Absenteeism	5 4 3 2 1 0

Comments:

Discuss additional strengths and/or weaknesses of this candidate pertinent in his/her evaluation. Please use additional paper if necessary.

Signature of Evaluator _____ Date _____

Title _____ Institution _____