

**St. Elizabeth Medical Center School of Radiography
2215 Genesee St., Utica, New York 13501**

Please rate the applicant on the qualities you feel you can judge on the grid below. Indicate your perception of the student's readiness to function in a radiologic technology program at this time. Provide comments of

Applicant's Name: _____ **Date:** _____

O - Outstanding; SAT - Satisfactory; U - Unsatisfactory;

	O	SAT	U	Unable to Evaluate
Academic Potential				
Leadership Potential				
Sense of Responsibility				
Interpersonal Skills				
Adaptability				
Works Independently				
Reliability				
Verbal Communication Skills				
Written Communication Skills				
Attendance Record				
Initiative/Motivation				
Punctuality				
Reaction to Stress				
Organizational Skills				
Responsibility/Maturity				
Perseverance				

Relationship to Applicant: **Advisor** **Teacher** **Work Supervisor** **Other**

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If other, please indicate relationship:

How long have you known applicant?

Do You:
(Check appropriate box)

Highly Recommend		Recommended		Not Recommended
5	4	3	2	1

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Applicant: Please complete the following:

Name: _____ **Date:** _____

The applicant should sign and date one of the following statements:

1). I wish to have access to this letter and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C.A. Par. 1323 g (a) (1) and P.L. 397 of 1978, I have the right to read this recommendation.

Applicant's signature _____ **Date** _____

2) I wish this letter to be confidential and I hereby waive any and all access rights granted me by the above laws to this recommendation.

Applicant's signature _____ **Date** _____