



**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 \_\_\_\_\_