



School of Radiologic Technology

RADIOLOGIC TECHNOLOGY PROGRAM REFERENCE FORM

APPLICANT NAME:

To be completed by the reference:

In what capacity do you know this applicant?

How long have you known this applicant?

Please indicate the applicant's ability and competence in comparison with other individuals whom you have known.

	Exceptional (Top 1%)	Outstanding (Upper 10%)	Average (Upper 50%)	Below Average (Lower 50%)	Inadequate Knowledge
Adaptability					
Ability to follow instructions					
Ability to work under pressure					
Ability to handle negative feedback					
Communication skills – oral					
Communication skills – written					
Emotional maturity					
Initiative					
Motivation					
Integrity					
Interpersonal skills					
Punctual					
Dependable					

We understand no one is perfect. What would you say are the applicant's three (3) key areas for improvement?

What are three (3) of the applicant's greatest strengths?

