

People Services Department
 Sacred Heart Hospital
 900 W. Clairemont Ave.
 Eau Claire, WI 54701

Phone: 715-717-4246
 Fax: 715-717-4976

www.sacredhearteauclaire.org

STUDENT NURSE INTERN FACULTY REFERENCE

STUDENT NAME: _____

Your student is applying for the summer 2012 Student Nurse Intern program at Sacred Heart Hospital. Please evaluate your student's performance using the scale below and either send or return by Fax (715-717-4976) before **March 1, 2012**.

Criteria	Exceeds	Good	Acceptable	Unacceptable	Comments
Communication Skills					
Written	4	3	2	1	
Verbal	4	3	2	1	
Patient/Family Interaction	4	3	2	1	
Staff Interaction	4	3	2	1	
Peer Interaction	4	3	2	1	
Team Player	4	3	2	1	
Leadership Ability					
Self-Motivated	4	3	2	1	
Assertive	4	3	2	1	
Critical Thinking Skills	4	3	2	1	
Responsible	4	3	2	1	
Professional Appearance	4	3	2	1	
Attendance	4	3	2	1	
Clinical Performance (Technical Skills)	4	3	2	1	
Judgment					
Handles stressful situations well	4	3	2	1	

Please indicate how well this student is performing overall:

Top 30% of the class Middle 30% of the class Bottom 30% of the class

Why would this student be an asset to the Student Nurse Intern Program?

Would you recommend this student for the Student Nurse Intern Program? Yes No

Print Faculty Name: _____

Faculty Signature: _____

School Name: _____

Date: _____

Thank you so much for your time. We appreciate your assistance.