

**Nursing Student Internship –Faculty Reference Form**

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Greetings,

\_\_\_\_\_ is applying to a Nursing Student Internship Program. As part of the application process applicants must obtain 2 references, one should be from a clinical instructor and the other can be from clinical or faculty.

Please complete the evaluation and Faculty Reference Form and send them directly to the Nursing Student Internship Program administrators at St. Cloud Hospital- CentraCare Health System by mail or fax.

St. Cloud Hospital  
Human Resources  
1406 Sixth Avenue North  
St. Cloud, MN 56303-1901

Fax 320-656-7022  
Phone 800-835-6608

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Applications with recommendations must be submitted by December 4, 2009.

**Thank you in advance for your assistance.**

**To Be Completed By the Nursing Student**

Student's Authorization to Release Clinical/Faculty Reference

I have applied to a Nursing Student Internship Program and I authorize you to release the information requested within this Faculty Reference Form.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Educational Institution

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Other Contact

2010 Reference Request Summer Nurse Internship Program for the St. Cloud Hospital

**To Be Completed By the Clinical or Faculty Reference**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Educational Institution

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Email Address

**Check those which apply:**

	<b>Exceeds Expectations</b>	<b>Meets Expectations</b>	<b>Does Not Meet Expectations</b>	<b>Cannot Evaluate</b>
Clinical judgment/ critical thinking				
Appropriately responds to stressful situations				
Organizational ability				
Technical skills				
Initiative				
Consistent Performance				
Interpersonal & communication skills				
Flexibility/Ability to adjust to new situations				
Integrity				
Preparation for clinical, labs or classroom.				
Attendance/punctuality	N/A			N/A
Meets Deadlines	N/A			N/A

Please comment on the student's talents and strengths: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please comment on the student's weaknesses and areas for improvement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Overall Evaluation:** \_\_\_\_\_ Strongly recommend \_\_\_\_\_ Recommend \_\_\_\_\_ Do not recommend