

Aurora St. Luke's Medical Center
School of Diagnostic Medical Sonography

Applicant Assessment Form

Applicant Name _____ **Date:** _____

The above named individual has applied for admission to the Aurora St. Luke's Medical Center School of Diagnostic Medical Sonography. We are requesting information that will aid us in selecting the most qualified students. The applicant has selected you as someone who can give an objective and candid evaluation of their qualifications.

Characteristic	Significant Strength	Fully Competent	Needs Development	Not Observed
Perceived Intelligence				
Work/Study Habits				
Initiative				
Attendance/Punctuality				
Reliability				
Adaptability				
Ability to deal with difficult situations				
Interpersonal skills				
Attitude towards work/school				
Critical thinking skills				
Accountability				

The above assessment is based on my observations of and/or interactions with the applicant named above. My assessment is best considered a/an: Employer Instructor Personal reference.

Signed: _____ Date: _____

Name: _____ Title: _____

Address: _____ Apt./Suite _____

City: _____ State: _____ Zip Code: _____

In addition to this form, please submit a separate letter of recommendation. The letter of recommendation should include how long and in what capacity you have known the applicant.

Please return the completed form and letter of recommendation to the applicant in a sealed envelope with your signature across the closure.

All materials must be received by **November 30**. The Admissions Committee would appreciate prompt and complete responses. Thank you.