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**Clinical Instructor Reference Form for New Graduate RN**

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| **Top Section to Be Completed by Student** | | | |
| **Applicant Name:** |  | **Date:** |  |

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| **Instructions for Clinical Instructor** | | | | |
| 1. Rate applicant using the scale below. 2. Once completed, please email document to: [NewGraduateRNCenter@carolinashealthcare.org](mailto:NewGraduateRNCenter@carolinashealthcare.org). Responses will not be shared with the applicant and must come directly from you. Please include the applicant’s name to the subject line in the email. 3. You should receive an automatic email reply from the New Grad Center ensuring that your reference form has been received. | | | | |
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| **All Information is Strictly Confidential:** (please rate by clicking appropriate box.) | **Excellent** | **Exceeds**  **Expectations** | **Meets**  **Expectations** | **Below**  **Expectations** |
| **Academic Performance** |  |  |  |  |
| **Critical Thinking Skills** |  |  |  |  |
| **Communication Skills** |  |  |  |  |
| **Clinical Technical Skills** |  |  |  |  |
| **Organizational Skills** |  |  |  |  |
| **Professionalism (Maturity, Appearance, Motivation and Reliability)** |  |  |  |  |
| **Ability to Work Well Under Pressure** |  |  |  |  |
| **Interdisciplinary Collaboration** |  |  |  |  |
| **Accepting Constructive feedback** |  |  |  |  |

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| **Any additional comments:** | | |
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| **Dates of Clinicals including semester:** | | |
| **Completed by:       Date:** | | |
| **Title:** | **Email:** | |
| **Signature:** | |  |
| **Name of Education Program:** | | |