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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@AtriumHealth.org. Responses will not be shared with the applicant and must come from you directly. Please include the applicant’s name to the subject line in the email.
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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:** | **Please type name** |
| **Name of Education Program:**  |