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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](mailto: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:** | | |