DEPARTMENT OF RESPIRATORY CARE EDUCATION
SCHOOL OF ALLIED HEALTH, UNIVERSITY OF KANSAS

_____ is an applicant for admission to the University of Kansas School of Allied Health's Department of Respiratory Care Education. Ratings provided by references selected by the applicant play a significant role in our selection process. For the benefit of the applicant, the department and the patients, we would appreciate your objective, honest response to the below questions which will be of great value. Please rank the applicant on each attribute and feel free to amplify and comment in the space provided.

Overview of desired traits: The Respiratory Care Practitioner must be able to exercise independent judgement in a rapid and accurate fashion in highly stressful patient care situations. The Practitioner must be adept at both theoretical and technical applications of sophisticated biomedical life support and diagnostic instrumentation while maintaining excellent people skills. The Practitioner must be a good communicator and have a strong interest in the sciences. They must be able to work both under close supervision and as independent individuals.

Keeping in mind the above traits, please rate the applicant on the following points.

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	RATING SCALE					
	NEVER	0	1	2	3	4 ALWAYS
The applicant exhibits:						
1. Good judgement		0	1	2	3	4
2. Willingness to learn		0	1	2	3	4
3. Respect for others		0	1	2	3	4
4. Interest in people		0	1	2	3	4
5. Dependability		0	1	2	3	4
6. Flexibility		0	1	2	3	4
7. Initiative		0	1	2	3	4
8. Good verbal skills		0	1	2	3	4
9. Problem solving skills		0	1	2	3	4
10. Creativity		0	1	2	3	4

Please check the statements that apply to the applicant:

1. Reacts well in: ____new situations ____stress situations.
2. Is a team: ____worker ____member ____team leader.
3. ____Self starter ____waits for direction ____waits for orders.
4. ____Seeks ____applies ____finds new knowledge.
5. Has ____well defined goals ____general goals ____interests.

Your Name _____ Phone# _____ _____ _____

_____

_____ Date _____

Relationship to Applicant _____

May applicant see this form? **YES NO** Signed _____

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