



Medical Laboratory Technology Recommendation Form

Recommendation

Please type or use black ink to print the following information.

Applicant's Name _____

Recommendation By _____ Title _____

College/Company _____ Phone _____

Association with Applicant _____

Length of Association _____

Recommendation Based on:

- Daily Contact
- Frequent Observation (at least once/week)
- Infrequent Observation (less than once/week)

Directions

The above named applicant is applying for admission into Wenatchee Valley College's Medical Laboratory Technology clinical training program. Would you please be kind enough to give a frank and careful estimate of this candidate's ability? Your recommendation will be used to help select individuals most suited for our program.

1. Carefully read each statement and place an (X) in the box that most nearly expresses your judgment. Refer to the summary at the end for interpretation of recommendation categories.
2. Comments are requested for each item where the recommendation is either above or below acceptable. If needed, an additional sheet may be attached or a letter of reference written addressing the areas described below.

5 = Exceptional
4 = Good
3 = Acceptable

2 = Fair
1 = Unacceptable
0 = Unable to Judge

COMMUNICATION	5	4	3	2	1	0
Communicates written ideas in an effective, grammatically correct manner.						
Interpersonal communication is organized and direct.						
Clarifies misunderstandings when unsure of instructions, information, or feedback.						
Communicates needs and desires in an appropriate and timely manner.						

COMMENTS:

APPLICATION OF KNOWLEDGE	5	4	3	2	1	0
Retains new information and displays comprehension by discussion or questions.						
Employs sound deductive reasoning in application of knowledge in new situations.						
Critically evaluates results and reaches valid conclusions.						

COMMENTS:

ORGANIZATION / WORK HABITS	5	4	3	2	1	0
Establishes priorities to meet deadlines. Comes prepared to do assigned tasks.						
Uses time efficiently and does not waste time.						
Maintains orderly work area.						
Uses and maintains equipment / instruments properly.						
Uses materials and supplies economically.						
Manipulates laboratory apparatus with confidence and ease.						

COMMENTS:

INTEREST AND MOTIVATION	5	4	3	2	1	0
Exhibits motivation by seeking information and realistically assessing talents and interests.						
Demonstrates curiosity by performing unsolicited work or obtaining additional information.						
Volunteers to help others when possible.						

COMMENTS:

ACCOUNTABILITY	5	4	3	2	1	0
Arrives when expected and begins assigned tasks promptly.						
Follows instructions carefully. Does not use unacceptable shortcuts.						
Demonstrates perseverance by voluntarily repeating work if indicated.						
Completes assigned tasks.						
Rarely absent.						

COMMENTS:

ADJUSTMENT TO STRESSFUL SITUATIONS	5	4	3	2	1	0
Remains composed in unanticipated or adverse situations.						
Able to adjust work pattern or organization to accommodate the situation.						
Accepts constructive criticism as evidenced by prompt and consistent improvement.						
Maintains friendly relationships and sense of humor with others when under stress.						

COMMENTS:

DECISION MAKING	5	4	3	2	1	0
Recognizes problems.						
Formulates plan of action.						
Follows through to solution.						
Accepts consequences of decisions.						

COMMENTS:

INTERPERSONAL SKILLS WITH PEERS AND INSTRUCTORS (SUPERVISORS)	5	4	3	2	1	0
Is a good team worker – demonstrates ability to compromise.						
Makes suggestions for change in positive manner through proper channels.						
Generally supports policies and accepts things that cannot be changed.						
Gives validity to the opinions and rights of others - sensitive and supportive of others' needs.						
Able to organize and lead group activities.						

COMMENTS:

Summary of Recommendation

Please select the statement that most nearly expresses your judgment.

- 5 – Recommended enthusiastically; Exceptional individual
- 4 – Recommended with confidence; Should do well in clinical training program
- 3 – Recommended; Acceptable; Should be able to complete clinical training program
- 2 – Recommended with reservation; May have difficulty completing clinical training program
- 1 – Not recommended; Unacceptable
- 0 – Unable to judge

Signature _____ Date _____

Return completed forms to Noah Fortner. They can be mailed, emailed, or delivered in a sealed envelope.

*Attn: Noah Fortner
Educational Planner
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Wenatchee, WA 98801*

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