WellSpan Health
Medical Laboratory Science Program

REFERENCE FORM
MLS PROGRAM

FOR THE APPLICANT:

In compliance with the family education rights and privacy act, I approve the release of the information requested and:

_____ Waive my right to view this evaluation

_____ DO NOT waive my right to view this evaluation

Applicant's Signature _____ Date _____

Print/Type Name _____

Course(s) applicant has taken with you or how you know the applicant:

_____

_____

_____

Please rate this student regarding the following:	Above Average	Average	Below Average	Not Observed/ Not Applicable
Communication skills: oral				
Communication skills: written				
Peer acceptance				
Integrity				
Ability to accept responsibility				
Ability to organize lab work				
Ability to follow directions				
Retention of facts				
Application of concepts				
Judgement displayed				
Group participation: discussion				
Group participation: activities				
Emotional stability				
Accuracy of work				
Speed of work				
Ability to work independently				
Ability to accept criticism/failure				

REFERENCE FORM (cont.)

WellSpan Health Medical Laboratory Science Program

Supportive Comments (or attach letter):

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I have known this applicant for _____ year(s)

SUMMARY: (circle one)

Highly Recommend Recommend Recommend with Reservations Do NOT Recommend

Signature _____ Date _____

Print/Type Name _____

Title _____

Institution _____

Email to (preferred):

cscott6@wellspan.org

Or mail to:

Christina Scott, Director
WellSpan Medical Lab Science Program
601 Memory Lane
York, PA 17402