

## Saint Luke's Hospital School of Diagnostic Medical Sonography Reference Form

### TO THE RECOMMENDER:

The attached reference form is required for an applicant who wishes to be considered for selection into the Sonography program at Saint Luke's Hospital. The extensive amount of information requested on this form is the result of input from preceptors who have participated in Diagnostic Medical Sonography Program.

References are an integral part of the admissions process and are carefully reviewed by members of the Selection Committee. Since the number of qualified applicants exceeds the available positions, we wish to select only those individuals whose personal attributes and abilities indicate that they have the potential for success in a rigorous educational program. It is our desire to have them emerge as a competent, compassionate, health care professional. It is vital that your responses accurately portray a candid profile of the candidate.

**All forms must be mailed directly to the School from the Referrer in a sealed envelope.**

Please forward to:

School of Diagnostic Medical Sonography  
Attention: Admissions  
Sonography Department  
4401 Wornall Road  
Kansas City, MO 64111

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### TO THE APPLICANT:

Complete this section before sending it to the recommended. Please provide the individuals you have selected to be your reference with a stamped addressed envelope.

Under the Federal Family Educational Rights and Privacy Act of 1974, you are entitled to review your records, including letters of recommendation. However, those writing recommendations and those assessing the recommendations may attach more significant statements to them if it is known that the recommendation will remain confidential. It is your option to waive your right to access the recommendation or to decline to do so. Please indicate in the appropriate space below your choice of option and sign your name

- Non-confidential (open to my review)
- Confidential (NOT open to my review)

Applicant's Name (please print) \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

# REFERENCE FORM

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Name of Applicant (please print): \_\_\_\_\_

Name of Recommender (please print): \_\_\_\_\_

Please answer the following questions as accurately as possible:

1. Indicate the position you held during your relationship with the applicant: \_\_\_\_\_
2. How well do you know the applicant?     Very well     Fairly well     Slightly
3. How long have you known the applicant?    From \_\_\_\_\_ To: \_\_\_\_\_

√ Rate the following categories	Superior 5	Very Good 4	Average 3	Below Average 2	Not acceptable 1	Not Observed 0
Verbal communication skills						
Written communication skills						
Interpersonal communication						
Motivation and determination						
Emotional control						
Intelligence						
Dependability						
Ability to work with others						
Ability to work alone						
Ability to adapt to change						
Willingness to accept responsibility						
Problem-solving skills						
Conflict resolution skills						
Knows when to ask for help						
Attendance and Tardies						
Ability to accept criticism						
Demonstrates a high level of professionalism						
18- Ability to Multi-Task						

Please provide any pertinent material regarding the character, integrity and personality of this applicant. We are particularly interested in your opinion of the applicant's work and/or professional ethics, intellectual independence, capacity for analytical thinking, the ability to organize tasks, express ideas clearly and interpersonal problem solving skills.

**Please comment about the following areas:**

1. Areas where the applicant may have personal or professional problems.
  
  
  
  
  
  
  
  
  
  
2. Areas where you would judge the applicant to be outstanding.
  
  
  
  
  
  
  
  
  
  
3. Further comments: ( An opportunity to attach a personal letter)

This applicant is:     highly recommended     recommended     not recommended

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Your Name (please print): \_\_\_\_\_

**√ Preferred Contact Address and Telephone Number**

Office Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: (    ) \_\_\_\_\_     Home Phone (    ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_