



Allied Health Programs

Employee Rating Form

Student _____ Program _____

(please print name)

Employer/Company Name _____ Immediate Supervisor _____

(please print name)

Employer's Address _____

This Academic Rating form will be used by the BPCC Allied Health Programs in the clinical selection process. Please circle the rating that best describes the above named student in each of the categories. Please consider the listed criteria as a reference when making your selection.

The student will provide you with an envelope in which to seal this form when completed. For confidentiality we ask that you place your signature across the seal and return it to the student as soon as possible. Thank you for taking the time to complete this form.

5 = Excellent or Outstanding

4 = Good or Above Average

3 = Average or Satisfactory

2 = Below average

1 = poor or unacceptable

0 = N/A or unable to comment on this area
(This will not hurt the student's overall score)

Category	Criteria on which to rate the student	Additional Information or Comments	Rating
Demographic Information: How long have you known the applicant?	<input type="checkbox"/> less than 6 months <input type="checkbox"/> 6 months to one year <input type="checkbox"/> 1-3 years <input type="checkbox"/> more than 3 years		
Demographic Information: In what capacity have you known the applicant?	<input type="checkbox"/> employment only <input type="checkbox"/> friend or family member <input type="checkbox"/> other, please elaborate _____		
Enthusiasm, interest and attention in the workplace	<ul style="list-style-type: none"> participates actively in work tasks demonstrates an eagerness to work follows directions readily 		5 4 3 2 1 0
Time Management Skills and Attendance	<ul style="list-style-type: none"> demonstrates good attendance demonstrates punctuality completes work assignments in timely fashion 		5 4 3 2 1 0
Attitude	<ul style="list-style-type: none"> maintains a positive attitude works well with others 		5 4 3 2 1 0
Oral Communication	<ul style="list-style-type: none"> uses appropriate grammar expresses ideas clearly uses appropriate terminology (where applicable) 		5 4 3 2 1 0

5 = Excellent; Better than most I've seen

4 = Good or Above Average

3 = Average or Satisfactory

2 = Below average

1 = poor or unacceptable

0 = N/A or unable to comment on this area
(This will not hurt the student's overall score)

Category	Criteria on which to rate the student	Additional Information or Comments	Rating
Written Communication	<ul style="list-style-type: none"> organizes thoughts into meaningful paragraphs uses good punctuation, spelling and grammar uses terminology appropriate to subject matter and audience 		5 4 3 2 1 0
People Skills	<ul style="list-style-type: none"> exhibits a pleasant personality works cooperatively with others 		5 4 3 2 1 0
Role Acceptance	<ul style="list-style-type: none"> relates well to authority accepts constructive criticism makes suggested changes in performance 		5 4 3 2 1 0
What is your impression of this employee's overall ability to succeed with the Allied Health Program for which he/she is an applicant?	5 = has outstanding ability to succeed, very good employee 4 = has above average ability to succeed, good employee 3 = has ability to succeed but has to work hard, average employee 2 = I have definite reservations relative to this employee's ability and/or motivation 1 = Employee does not have the readiness to succeed with a demanding program.		5 4 3 2 1 0
Based on your work-related interactions with this employee please offer a recommendation to the program selection committees.	5 = I reserve my highest recommendation for this employee. 4 = I give this employee a good recommendation. 3 = I give this employee an average recommendation. 2 = I give this employee an average recommendation with some hesitation based on reasons discussed below. 1 = I DO NOT recommend this employee to the ALHT program based on the reasons discussed below		5 4 3 2 1 0

Additional Comments:

Signature _____ Date _____ Phone Number _____