



Student Appraisal Form Articulating Student Applicant

Prospective Student's Name: _____ CTC Student ID#: _____

Instructions: This document needs to be filled out by a supervisor of the Articulating Applicant who has worked directly with the applicant within the *last 2 years*. Applicant will need to submit two work reference letters **or** two appraisal forms as part of their application packet for the Articulating Program (LVN/LPN/Paramedic to RN).

Categories	Rating	Comments and/or Examples
Professionalism		
Appearance	<input type="checkbox"/> Outstanding <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average	
Attitude	<input type="checkbox"/> Outstanding <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average	
Interpersonal Skills	<input type="checkbox"/> Outstanding <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average	
Seeks & Accepts Additional Responsibilities	<input type="checkbox"/> Outstanding <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average	
Clinical Knowledge of the Nursing Process	<input type="checkbox"/> Outstanding <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average	
Clinical Competence		
Organization	<input type="checkbox"/> Outstanding <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average	
Skills	<input type="checkbox"/> Outstanding <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average	
Leadership	<input type="checkbox"/> Outstanding <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average	

Communication: Oral and Written	<input type="checkbox"/> Outstanding <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average	
Character	<input type="checkbox"/> Outstanding <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average	
Emotion Stability & Maturity	<input type="checkbox"/> Outstanding <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average	
Work Habits		
Attendance/Tardiness	<input type="checkbox"/> Outstanding <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average	
Assignments Completed	<input type="checkbox"/> Outstanding <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average	
Assistance to Others Willingly	<input type="checkbox"/> Outstanding <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average	
Potential for Advancement	<input type="checkbox"/> Outstanding <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average	

Length of contact with student: _____

Type of contact with student: _____

Signature: _____ Position: _____ Date: _____

Printed Name: _____ Agency: _____

Please Return to: Department of Health Sciences
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Fax: (254) 526-1765

Questions?
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