

CENTRAL TEXAS COLLEGE
DEPARTMENT OF NURSING AND ALLIED HEALTH
ASSOCIATE DEGREE IN NURSING PROGRAM

Student Appraisal Form for Articulating Student Applicant

Prospective Student's Name: _____

Categories	Outstanding	Above Average	Average	Below Average
A. <u>Professionalism</u>				
1. Appearance				
2. Attitude				
3. Interpersonal Skills				
4. Seeks & Accepts Additional Responsibilities				
B. <u>Clinical Knowledge/Nursing Process</u>				
C. <u>Clinical Competence</u>				
1. Organization				
2. Skills				
3. Leadership				
4. Communication: Oral and Written				
D. <u>Character</u>				
E. <u>Emotion Stability & Maturity</u>				
G. <u>Work Habits</u>				
1. Attendance/Tardiness				
2. Assignments Completed				
3. Assistance to Others Willingly				
G. Potential for Advancement				

Comments:

Length of contact with student: _____

Type of contact with student: _____

Signature: _____ Position: _____ Date: _____

Printed Name: _____ Agency: _____

Please mail to: Department of Nursing/Allied Health
Central Texas College
P.O. Box 1800
Killeen, TX 76540-1800

Questions? (254) 526-1890 or
(254) 526-1266 or
(800) 792-3348, ext. 1890 or 1266
Fax: (254) 526-1765