

**CaroMont Health
Patient Care Division
Intern Reference**

I waive I do not waive My right of access to this evaluation as provided in the Family Educational Rights and Privacy Act of 1974.

Signature of Applicant

_____ has applied for admission the CaroMont Health Nurse Intern Program. As a faculty member involved in the educational development of this student, your evaluation of his/her performance and potential will be of great value in the selection process. Please respond to the following areas as indicated, and return this form to: Nurse Recruiter/Intern Program, Gaston Memorial Hospital, PO Box 1747, Gastonia, NC 28053-1747.

	Outstanding	Above Average	Average	Below Average	Cannot Evaluate
● Clinical Competence					
● Initiative					
● Communication Skills – Verbal Written					
● Interest in Learning					
● Attendance & Punctuality Absences in past year					
● Interpersonal relationships with faculty/supervisor					
● Adaptability and response to stress					
● Problem Solving					
● Performance in relation to capability					
● Potential for Growth					

In the space below, please briefly summarize your observations and elaborate on any other points you may feel are pertinent to consideration of this student.

Signature _____ Title _____ Date _____