



**Practical Nurse Extern Program Instructor Reference Form**  
Please complete and return to Educational Services  
by email to [seeducation@sehealth.org](mailto:seeducation@sehealth.org) or by fax 573-651-5832

Name: \_\_\_\_\_

	<b>Very Good Top 10%</b>	<b>Good Top 25%</b>	<b>Average</b>	<b>Below Average</b>
<b>Work skills</b>				
<b>Organization of work</b>				
<b>Technical skills</b>				
<b>Communication skills</b>				
<b>Attitude toward work</b>				
<b>Attitude toward learning new skills</b>				
<b>Ability to adjust to new situations</b>				
<b>Integrity</b>				
<b>Personal Qualities</b>				
<b>Appearance</b>				
<b>Attendance</b>				

Please list the student's strengths:

Please list area for improvement:

What is your overall evaluation of this student compared with others at the same level in your program?

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

School: \_\_\_\_\_



Dear Nursing School Faculty Member,

I am submitting an application for the SoutheastHEALTH Practical Nurse Extern Program. Will you please complete the application and return to Educational Services by email, [seeducation@sehealth.org](mailto:seeducation@sehealth.org) or fax to 573-651-5832.

Thank you for your assistance.

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Name of Nursing Student (please print)

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Date

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Name of School