

SoutheastHEALTH
Practical Nurse Extern Program
Instructor Reference Form
 Please complete and return to Klaire Telle
 by email ktelle@sehealth.org or by fax 573-651-5832

Name: _____

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

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 Klaire Telle by email, ktelle@sehealth.org or fax to 573-651-5832.

Thank you for your assistance.

Name of Nursing Student (please print)

Date

Name of School