



**PROFESSIONAL
REFERENCE FORM**

**Upon completion of the form, please fax to 636-891-9784 or save form and attach to an email to:
info@toberson.com**

Name of Candidate: _____

Reference Given By: _____ Phone: _____

How long have you known this candidate? _____

Have you had direct observation of the candidate's clinical skills? _____

If yes, in what capacity? _____

EVALUATION

This evaluation should be based on demonstrated performance compared to that reasonably expected of a candidate at his/her level of training, experience and background.

Please complete the evaluation using the following codes:

0-No knowledge, 1-Poor, 2-Below Average, 3-Average, 4-Above Average, 5-Excellent

| | Evaluation Code | | | | | |
|--------------------------|-----------------|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 | 5 |
| Diagnostic Skills | | | | | | |
| Clinical Skills | | | | | | |
| Sense of Responsibility | | | | | | |
| Technical Knowledge | | | | | | |
| Cooperativeness | | | | | | |
| Leadership Ability | | | | | | |
| Management Skills | | | | | | |
| Communication Skills | | | | | | |
| Relationship with Others | | | | | | |
| Ethical Standards | | | | | | |
| Attitude | | | | | | |
| Ability as Instructor | | | | | | |
| Self-Motivation | | | | | | |
| Problem Solving Skills | | | | | | |
| Dependability | | | | | | |
| Flexibility to New Ideas | | | | | | |
| Personal Appearance | | | | | | |

Please comment on this candidate's most distinguishing personal attributes and professional strengths:

Please indicate "yes" or "no" to the following questions. If any answers are "yes" please provide further information on a separate sheet.

| | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. Has the candidate ever shown signs of any behavior, drug or alcohol problems? | | |
| 2. Has the candidate ever shown signs of any mental health problems? | | |
| 3. Has the candidate ever shown signs of any physical health problems? | | |
| 4. To your knowledge has the candidate ever been under investigation by any governmental or other legal body? | | |

RECOMMENDATION:

_____ Recommend without reservation

_____ Recommend with the following reservations: _____

_____ Do not recommend

_____ Call me regarding this evaluation

Signature

Date (mm/dd/yyyy)

Printed Name

Phone Number

Please fax completed form to 636-891-9784 or save completed form and attach to an email to: lpdqB.vdgt.uqp@eqo "