

University of Utah Health Care
Department of Radiology
Structured Reference

Score _____/48

Student Name: _____

I have known the candidate for _____yrs/mos. I know the candidate as a _____.
(student, employee, volunteer)

INSTRUCTIONS

Please indicate the degree to which each of the following qualities is characteristic of the candidate you are rating. You are invited to make specific comments in each category. Please respond to all statements.

SCALE

1 = POOR/UNSATISFACTORY	questionable capacity to improve
2 = AVERAGE/SATISFACTORY	84% or less consistent
3 = ABOVE AVERAGE/CONSISTENTLY EXCELS	84% - 94% consistent
4 = EXCELLENT/SUPERIOR	95% - 100% consistent

- | | | |
|-----|--|---------|
| 1. | RESPONSIBILITY/DEPENDABILITY: Ability to complete assignments, work and obligations; honors commitments. | 1 2 3 4 |
| 2. | INITIATIVE/MOTIVATION: Extent to which individual initiates action, applies self to tasks, asks for assistance when needed. | 1 2 3 4 |
| 3. | MATURITY: Conducts self in a mature, adult manner, displaying ability to maintain composure under all circumstances.
1 2 3 4 | |
| 4. | ATTITUDE. Type of attitude the individual projects toward school, work, life, rules decision making. | 1 2 3 4 |
| 5. | ATTENDANCE/TIME MANAGEMENT. Punctuality, regular attendance and utilization of time well to accomplish tasks. | 1 2 3 4 |
| 6. | SELF CONTROL: Ability to deal with stressful, anxiety-producing situations appropriately. | 1 2 3 4 |
| 7. | COMMUNICATION. Ability to communicate clearly and concisely both written and verbally. | 1 2 3 4 |
| 8. | HONESTY/INTEGRITY: Extent to which the individual displays an ethical code. | 1 2 3 4 |
| 9. | PROBLEM SOLVING/INDEPENDENT THINKING: Ability of the individual to identify and solve problems. | 1 2 3 4 |
| 10. | INTERPERSONAL RELATIONSHIPS: Ability to cooperate and adapt as needed to get along with peers, co-workers, teachers. Demonstrates willingness to participate.
1 2 3 4 | |
| 11. | ACCEPTANCE OF PERSONAL FEEDBACK. Ability to handle and adjust to positive or negative criticism and positive feedback. | 1 2 3 4 |
| 12. | OVERALL RECOMMENDATION. 1= I do not recommend, 2 =Recommend with some reservation, 3=Recommend without reservation, 4=Strongly recommend. | 1 2 3 4 |

Print Name: _____ Title: _____

Signature _____ Date: _____

STRUCTURED REFERENCE WAIVER
APPLICANT TO THE UNIVERSITY OF UTAH HEALTH CARE
DEPARTMENT OF RADIOLOGY

Applicant's Name: _____

INSTRUCTIONS TO THE APPLICANT

Please read this entire page before giving this form to the person serving as your reference. Be sure to print or type your name in the space provided.

The Family Education Rights and Privacy Act of 1974 permits you to review letters or recommendation received by our office. The law also allows you to waive this right and maintain a confidential file. If you prefer that this recommendation remain confidential, please read and sign the following statement of release:

I hereby consent that this structured reference be included in my application file with the Department of Radiology of the University of Utah Hospital and that it be preserved in a manner that will not allow me to review its contents. It is my understanding that upon request, I will be advised of persons from whom structured references have been received and that such structured references will be used only for the purpose for which they were obtained.

Signature: _____ Date: _____

INSTRUCTIONS TO THE WRITER/EVALUATOR

CONCERNING FEDERAL LAW: Under the Family Education Rights and Privacy Act, the candidate named above will have access to your structured reference unless the Waiver above is signed. If the waiver is signed, you may be assured that this structured reference will be kept confidential from the candidate. It is imperative that this form be returned with your structured reference. This structured reference will be shared with the Admissions Committee of the University Health Care Hospital, Department of Radiology.

PLEASE RETURN THIS WAIVER AND STRUCTURED REFERENCE TO THE ADDRESS BELOW. THANK YOU!!

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