

**COMMUNITY COLLEGE OF RHODE ISLAND  
Nursing Employment Reference**

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

Address: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_ Semester of Clinical: \_\_\_\_\_

\*Signature of candidate: \_\_\_\_\_ Date: \_\_\_\_\_

Attribute/Skill	Superior	Above Average	Average	Below Average
Personal appearance				
Clinical knowledge				
Clinical competence/skill				
Communication w/patients				
Ability to work as a team member				
Acceptance of responsibility				
Professionalism				
Attendance & Punctuality				
Motivation				

Additional comments:

\*\*Signature of Reference: \_\_\_\_\_ Date \_\_\_\_\_

Print name: \_\_\_\_\_ Position \_\_\_\_\_

Community College of Rhode Island, Nursing Department Phone: \_\_\_\_\_

**\*Student: This form must accompany a self-addressed stamped envelope when given to your instructor.**

**\*\*Instructor: Please return completed evaluation to student in the provided envelope.**