BATON ROUGE GENERAL MEDICAL CENTER
SCHOOL OF NURSING

Office of Admissions and Records
3616 North Boulevard
Baton Rouge, Louisiana 70806
(225) 387-7623

EVALUATION OF APPLICANT'S PERFORMANCE POTENTIAL

TO THE APPLICANT:

Please complete the information below on the forms you received and give one copy of this form, along with an envelope addressed to the School of Nursing at the above address, to each of the two (2) persons you have selected to complete the forms. These individuals should have been either your employer/direct supervisor or your college instructor. Have them complete the designated area of the form and return it to the BATON ROUGE GENERAL MEDICAL CENTER SCHOOL OF NURSING in the envelope you provided.

_____
Name of Individual Completing Evaluation

_____
Applicant's Last Name First Middle or Maiden

_____
Address Apt. No.

_____
City State Zip Code

_____
Applicant's Social Security Number

MAIL TO: Baton Rouge General Medical Center
School of Nursing
3616 North Blvd.
Baton Rouge, Louisiana 70806

Must be received by Baton Rouge General Medical Center School of Nursing by August 31st.

Applicant's Name:_____

TO THE INDIVIDUAL EVALUATING THE APPLICANT:
The above-named individual is applying for admission to BATON ROUGE GENERAL MEDICAL CENTER SCHOOL OF NURSING. Please rate this applicant according to the characteristics listed below. Your cooperation in completing this form is appreciated. (Please return the completed form to the Office of Admissions and Records, School of Nursing, Baton Rouge General Medical Center, 3616 North Blvd., Baton Rouge, LA 70806.)

In which capacity have you observed this applicant's abilities?

☐ Employer/Direct Supervisor ☐ College Instructor

How long have you known this applicant?

☐ Less than 1 year ☐ 3 - 5 years

☐ 1 - 2 years ☐ More than 5 years

COMPARE APPLICANT'S PERFORMANCE WITH OTHERS OF SIMILAR BACKGROUND AND EXPERIENCE:

☐ Above average ☐ Below average but adequate

☐ Average ☐ Inadequate

PERSONAL CHARACTERISTICS				
1.	Speech and decorum	☐ appropriate	☐ not appropriate	
2.	Grooming	☐ appropriate	☐ not appropriate	
3.	Level of maturity	☐ appropriate	☐ not appropriate	
4.	Promptness	☐ appropriate	☐ not appropriate	
5.	Absenteeism	☐ appropriate	☐ not appropriate	

PERFORMANCE CHARACTERISTICS				
1.	Quality of work	☐ above average ☐ average	☐ below average but adequate ☐ inadequate	
2.	Quantity of work	☐ above average ☐ average	☐ below average but adequate ☐ inadequate	
3.	Organization of work	☐ above average ☐ average	☐ below average but adequate ☐ inadequate	
4.	Communication skills	☐ above average ☐ average	☐ below average but adequate ☐ inadequate	
5.	Learning skills	☐ above average ☐ average	☐ below average but adequate ☐ inadequate	
6.	Ability to work as team member	☐ above average ☐ average	☐ below average but adequate ☐ inadequate	

Applicant's Name:_____

7.	Flexibility/response to change	☐ above average ☐ average	☐ below average but adequate ☐ inadequate	
8.	Initiative/self-direction	☐ above average ☐ average	☐ below average but adequate ☐ inadequate	
9.	Ability to deal with stress	☐ above average ☐ average	☐ below average but adequate ☐ inadequate	
10.	Critical thinking skills	☐ above average ☐ average	☐ below average but adequate ☐ inadequate	

Describe strengths possessed by this applicant that would have a positive impact on the practice of nursing.

Additional comments:

_____
Name (please print)

_____
Position/Company/Educational Facility (please print)

_____ _____
Street Address (please print) Phone Number

_____
City, State, Zip (please print)

_____ _____
Signature Date

RETURN TO: Office of Admissions and Records, School of Nursing, Baton Rouge General Medical Center, 3616 North Blvd., Baton Rouge, LA 70806.