

Portland Community College

RECOMMENDATION FORM

Candidate's Name: _____

Note: The Candidate is applying to the Medical Assisting Program at Portland Community College. Please complete this form (print or type), and return it to the Candidate in a sealed envelope with your signature across the closure. Thank you for your assistance.

1. Knowledge of Candidate

I have known the Candidate since _____ (approximately _____ years)

I know the CandidateVery Well.....Moderately wellSlightly

Nature of my contact with the Candidate.....Academic.....Employment.....Other

2. Evaluation of the Candidate

	Truly Exceptional Top 1%	Excellent Top 10%	Good Top 25%	Above Average Top 50%	Average Bottom 50%	No Basis for comment
Knowledge/Preparation						
Judgment/Analytical Ability						
Interpersonal Relations/Cooperation						
Ability to Accept Criticism						
Personal Conduct & Appearance						
Emotional Maturity & Stability						
Organizational Skills						
Empathy/Compassion						
Reliability/Responsibility						
Communication Skills						
Written.....						
Verbal.....						

3. Additional Comments:

4. Overall Endorsement of the Candidate

Highly Recommend Recommend Recommend with Reservation Would not Recommend

Signature

Date