



MRI Technologist Training Program Recommendation Form

Candidate Name: _____

INSTRUCTIONS:

Please indicate (**circle**) the degree to which each of the following qualities are characteristics of the candidate you are rating. Make specific comments in each category. Answer all questions using the scale below in evaluating the candidate.

Return this form to the candidate in a sealed envelope -- with your signature across the seal.

- 5 = EXCELLENT/ SUPERIOR – 95%-100 consistent
- 4 = ABOVE AVERAGE / CONSISTENTLY EXCELS – 85%-94% consistent
- 3 = AVERAGE / SATISFACTORY – 51%-84% or less consistent
- 2 = BELOW AVERAGE – 50%-25% or less consistent
- 1 = POOR / UNSATISFACTORY - questionable skills or capability to improve

5 4 3 2 1 **RESPONSIBILITY / DEPENDABILITY:** Ability to complete assignments, work, obligations. Honors commitments.

Comment: _____

5 4 3 2 1 **INITIATIVE / MOTIVATION:** Extent to which individual initiates actions, applies self, tasks, asks for assistance when needed.

Comment: _____

5 4 3 2 1 **MATURITY:** Conducts self in a mature, adult manner, displaying ability to maintain composure under all circumstances.

Comment: _____

5 4 3 2 1 **ATTITUDE:** Type of attitude the individual projects toward school, work, life, rules, decision making.

Comment: _____

5 4 3 2 1 **ATTENDANCE/TIME MANAGEMENT:** Punctuality, regular attendance and utilization of time to accomplish tasks.

Comment: _____

5 4 3 2 1 **SELF CONTROL:** Ability to deal with stressful, anxiety-producing situations appropriately.

Comment: _____

5 4 3 2 1 **COMMUNICATION:** Ability to communicate clearly and concisely both verbally and written.

Comment: _____

5 4 3 2 1 **HONESTY/INTEGRITY**: Extent to which the individual displays an ethical code

Comment: _____

5 4 3 2 1 **PROBLEM SOLVING/INDEPENDENT THINKING**: Ability of the individual to identify and solve problems.

Comment: _____

5 4 3 2 1 **INTERPERSONAL RELATIONSHIPS**: Ability to cooperate and adapt as needed to get along with peers, co-workers, and teachers. Demonstrates willingness to participate with others.

Comment: _____

5 4 3 2 1 **ACCEPTANCE OF PERSONAL FEEDBACK**: Ability to handle and adjust to positive or negative criticism or feedback. Is not reactionary to input or feedback.

Comment: _____

5 4 3 2 1 **CONCENTRATION/FOCUS**: Ability of the individual to stay on task and finish projects or assignments within specified time limits.

Comment: _____

5 4 3 2 1 **ADAPTABILITY TO CHANGE**: Ability of the individual to adapt to changes in protocols and assignments. Willingness to cover other shifts as needed.

Comment: _____

5 4 3 2 1 **PATIENT CARE**: Provides consistent care and attention to their patients. Is willing to assist patients with all tasks. Communicates instructions clearly.

Comment: _____

5 4 3 2 1 **PROFESSIONALISM**: Conducts themselves professionally. Maintains confidentiality of patient records. Supports goals and mission of their department and institution.

Comment: _____

5 4 3 2 1 **OVERALL RECOMMENDATION**: 1=I do not recommend, 2=unsure that I can recommend, 3= recommend with some reservations, 4=recommend without reservations, 5=strongly recommend.

Comment: _____

Print Name: _____ Date: _____

Title: _____ Relationship to candidate? _____

Contact Phone Number: _____ May we contact you? _____