

**Portland Community College**

**RECOMMENDATION FORM**

*Candidate's Name:* \_\_\_\_\_

**Note: The Candidate is applying to the Ophthalmic Medical Technology 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 Candidate .....Very Well.....Moderately well .....Slightly

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

**2. Evaluation of the Candidate**

	<b>Truly Exceptional Top 1%</b>	<b>Excellent Top 10%</b>	<b>Good Top 25%</b>	<b>Above Average Top 50%</b>	<b>Average Bottom 50%</b>	<b>No Basis for comment</b>
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