

PCC MRI Technologist Training Program Reference Evaluation Form

Applicant name	PCC Student ID (G#)							
Thank you for assisting the PCC MRI Program Selection Committee. We appreciate your time and effort in providing us this mportant information. We ask that you please indicate (<u>circle</u>) 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 beln evaluating the candidate.								
Once complete, please email this form to Lisa Harris at: lisa.harris8@	pcc.edu							
Using the rubric on the reverse side of this page, please give an hone	st appraisal of the applicant in each category listed.							
Recommender's Name (printed)	Relationship to applicant							
Title	Phone Number							
Signature	Date							
May we contact you? ☐ YES ☐ NO								
OVERALL RECOMMENDATION: I do not recommend this student I am unsure that I can recommend this student								
☐ I recommend this student with some reservations								
☐ I recommend this student without reservations								
☐ I strongly recommend this student								

POOR / UNSATISFACTORY Questionable skills or capability to improve	BELOW AVERAGE 25%- 50% or less consistent	AVERAGE / SATISFACTORY 51%- 84% or less consistent	CONSIST	AVERAGE / ENTLY EXCELS % consistent		ENT/ SUPERIOR 00 consistent	Not Observed or Not Applicable	
1	2	3	4		5		N	
RESPONSIBILITY / DEPENDABILITY: Ability to complete assignments, work, obligations. Honors commitments.			1	2	3	4	5	N
Comments:			I.			1		1
<u>INITIATIVE / MOTIVATION</u> : Extent to which individual initiates actions, applies self, completes tasks, asks for assistance when needed.			1	2	3	4	5	N
Comments:								
MATURITY: Conducts self in a mature, adult manner, displaying ability to maintain composure under all circumstances.			1	2	3	4	5	N
Comments:								
<u>ATTITUDE</u> : Type of attitude the individual projects toward school, work, life, rules, decision making.				2	3	4	5	N
Comments:								
utilization of time to accom	AGEMENT: Punctuality, regunplish tasks.	lar attendance and	1	2	3	4	5	N
Comments:								
PROBLEM SOLVING/INDEPENDENT THINKING: Ability of the individual to identify and solve problems.			1	2	3	4	5	N
Comments:								
appropriately.	deal with stressful, anxiety-p	roducing situations	1	2	3	4	5	N
Comments:								
COMMUNICATION: Comm	unicates clearly concisely bo	oth verbally and written.	1	2	3	4	5	N
Comments:								
	NSHIPS: Cooperates and adaers, and teachers. Willing to		1	2	3	4	5	N
Comments:								
	AL FEEDBACK: Ability to hand dback. Is not reactionary to		1	2	3	4	5	N
Comments:								
CONCENTRATION/FOCUS: projects or assignments wi	Ability of the individual to s thin specified time limits.	tay on task and finish	1	2	3	4	5	N
Comments:								
	E: Ability of the individual to . Willingness to cover other		1	2	3	4	5	N
Comments								
willing to assist patients wi	onsistent care and attention th all tasks. Communicates i	•	1	2	3	4	5	N
Comments:								
	ucts themselves professional ecords. Supports goals and r n.		1	2	3	4	5	N
Comments:								