



# Nursing Student Performance Evaluation

Nurse Recruitment  
 751 South Bascom Avenue  
 San Jose, CA 95128  
 Phone 408 885-6754  
 Fax 408 885-6720

**Applicant: Please sign the release statement below and provide this form to potential reference writers**

Applicant Name: \_\_\_\_\_ MI. \_\_\_\_\_ Last Name \_\_\_\_\_

Other names used during nursing school: \_\_\_\_\_

All offers of employment are contingent on receipt of references. In order to obtain references, the **Santa Clara Valley Medical Center** requires all applicants to sign the following release statement.

I authorize any individual, hospital, company or institution with whom I have been associated, to furnish Santa Clara Valley Medical Center with any information concerning my employability which they have on record or otherwise. I hereby release any individual, hospital, company or institution and all individuals connected therewith from all liability for any damage whatsoever incurred in furnishing such information

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

Reference Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Position: \_\_\_\_\_

Reference Writer: *Thank you for your cooperation. The information you provide will allow us to hire staff with qualifications, which meet our professional standards.*

Please rate the following: Please rate the student 1-4 for each performance criteria:

1. Below Average      2. Average      3. Above Average      4. Excellent

Able to prioritize effectively	
Demonstrates professional behavior	
Utilizes the nursing process	
Is punctual/dependable	
Seeks help and clarification when necessary	
Possesses Good Assessment Skills	
Organizes work in a systematic manner	

Is self directed motivated	
Skills demonstrate basic nursing techniques	
Communication Skills	
Interpersonal skills in dealing with all levels of staff	
Handles conflict resolution effectively	
Has leadership potential	
Is a safe practitioner	

Additional Comment: \_\_\_\_\_

*Overall recommendation: Please circle the number indicating the strength of your recommendation:*

1	2	3	4	5
Do not Recommend				Enthusiastically Recommend

Reference Provided By:

Signature \_\_\_\_\_ Title \_\_\_\_\_

Name of College/ University \_\_\_\_\_

Phone Number \_\_\_\_\_ Date: \_\_\_\_\_ Best time to call \_\_\_\_\_

Please mail or fax to address at the top of the page. For further information call (408) 885-6754