



## HIPRC Student Internship Recommendation Form

APPLICANT NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

CHARACTERISTICS	Excellent	Very Good	Good	Fair	Poor	Unable to judge
<b>INTELLECTUAL CAPACITY:</b> Ability to ingest, integrate and work with a large quantity of information						
<b>MOTIVATION:</b> Genuineness and depth of commitment to the health care profession						
<b>INTERPERSONAL RELATIONS:</b> Ability to get along with others, rapport, cooperation, attitude toward supervision						
<b>ANALYTICAL SKILLS:</b> Ability to problem solve, correlate and process information, and to think critically						
<b>JUDGMENT:</b> Ability to evaluate a problem involving people, common sense and decisiveness						
<b>RESOURCEFULNESS:</b> Ability to discover new resources and to manage new and already present resources skillfully						
<b>RELIABILITY:</b> Dependability, sense of responsibility, promptness, conscientiousness						
<b>COMMUNICATION SKILLS:</b>	Verbal skills, clarity of expression, articulateness					
	Clarity and conciseness of written expression					
<b>Overall Recommendation:</b>	<input type="checkbox"/> This applicant receives my highest recommendation without reservation	<input type="checkbox"/> I recommend this applicant with confidence	<input type="checkbox"/> I recommend this applicant	<input type="checkbox"/> I would not recommend this applicant		

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Evaluator's Name \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_ Title/Position

\_\_\_\_\_ School/Affiliation

\_\_\_\_\_ email

\_\_\_\_\_ phone