



**TENNESSEE COLLEGE
OF APPLIED TECHNOLOGY**
CROSSVILLE

910 Miller Avenue, Crossville, Tennessee 38555
931/484-7502 Toll Free 1-877-811-7502 FAX 931/456-1362
www.tcacrossville.edu

LETTER OF RECOMMENDATION

for _____

This applicant has applied for admission into one of our Health Occupations programs. We understand that you know this applicant and have agreed to complete the following form. Please complete this survey by circling your responses and give the completed survey to the applicant. You may place the completed letter in a sealed envelope if you do not want the applicant to read it. The applicant will include this letter in the Application Packet. Should you prefer not to give the completed form to the applicant, it may be mailed to Student Services at the above address. Failure to receive this document by the deadline date may result in the applicant being denied entrance into the program.

I hereby indicate by my signature that I have waived my right to review this recommendation prior to submission. I understand that this will remain the property of Tennessee College of Applied Technology Crossville.

Signature of Applicant

	Outstanding	Above Average	Average	Below Average	Cannot Recommend	Unknown
1 ABILITY TO LEARN: Learns readily; applies new knowledge effectively; makes few mistakes	5	4	3	2	1	0
2 ATTITUDE: Accepts constructive criticism well; tactful; enthusiastic; interested in work	5	4	3	2	1	0
3 COMMUNICATION SKILLS: Expresses self clearly	5	4	3	2	1	0
4 EMOTIONAL STABILITY: Performs well under pressure	5	4	3	2	1	0
5 EMPATHY/COMPASSION: Sensitive to needs of others; considerate	5	4	3	2	1	0
6 INITIATIVE: Works well independently; finds other work when assigned task in complete	5	4	3	2	1	0
7 JUDGMENT: Willing to seek help to avoid mistakes; exhibits maturity; ability to make decisions	5	4	3	2	1	0
8 MOTIVATION/COMMITMENT: Shows genuine interest in the health occupations profession	5	4	3	2	1	0
9 PERSERVERANCE/COMMITMENT: Stamina; endurance	5	4	3	2	1	0
10 PERSONAL APPEARANCE & HYGIENE: Dresses appropriately; neat and clean	5	4	3	2	1	0
11 SELF CONFIDENCE: Aware of own strengths and weaknesses	5	4	3	2	1	0
12 RELATIONS WITH OTHERS/FLEXIBILITY: Works well with others	5	4	3	2	1	0
13 RELIABILITY/RESPONSIBILITY: Dependable; responsible; punctual	5	4	3	2	1	0
14 INTEGRITY: Truthful; Honest	5	4	3	2	1	0
15 FAMILY SUPPORT	5	4	3	2	1	0

How do you know the applicant? _____

How long have you known the applicant? _____

Please describe briefly, why you think this applicant should/should not be considered for a position in the Practical Nursing program. (Use back of page if necessary) _____

Signature _____ Date _____

Address _____ Phone # _____