

**APPLICANT:** Please complete the information section only, and then give this form to the recommending official with a pre-addressed stamped envelope, addressed to: **Jefferson Community College - 1220 Coffeen Street, Watertown, NY 13601** **Attention: Continuing Education.**

**INFORMATION SECTION:**

**Applicant's name:** \_\_\_\_\_ (LAST, FIRST, MIDDLE NAME) \_\_\_\_\_ (FORMER LAST NAME)

**Allied Health Program** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**PERSON COMPLETING:** Please complete, sign below and mail this form along with your letter in the envelope provided by the applicant, FAX to 315-786-2391, or send via email to [ced@sunyjefferson.edu](mailto:ced@sunyjefferson.edu).

<b>Please rate the candidate on the following scale:</b>		<b>Yes</b>	<b>No</b>	<b>Comments</b>
	Willing to work in groups/teams			
	Listens to others' ideas			
	Follows through on responsibilities			
	Seeks, accepts, and acts upon constructive feedback			
	Completes work in a timely fashion			
	Models effective interpersonal behavior/communication			
	Engages in positive interactions with professionals and peers			
	Seeks to solve problems			
<b>Behaves in a professional manner</b>	Is punctual, dependable, and dresses appropriately.			
<b>Engages in self-evaluation</b>	Is interested in and participates in ongoing self-evaluation on one's own performance			
<b>Maintains high level of competence and integrity</b>	Exhibits interest in and enthusiasm for learning process			
	Adapts to change			
	Shows self-direction in completing works			
<b>Recognizes and respects diversity</b>	Responds positively to diverse opinions			

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Name

Title

Date