

**Sequoia Hospital Foundation
Dr. William Kennett Memorial Scholarship Application**

NURSING EDUCATION RECOMMENDATION FORM 2019

To the Recommendation Provider:

Name of student: _____

Based on your experience to date, would you hire this student as a nurse after graduation and certification?

Yes No Perhaps

How would you rate this student with respect to personal and academic commitment?

Outstanding Very good Good Average Below average

Please elaborate on your responses above using the space below (or on a separate sheet if you prefer). Add any other information/comments that you believe the Committee should have when evaluating this student's application. Refer to the following list of skills for help in considering and formulating your comments. Comment on those skills where the student excels or falls short.

This nursing student:

- Is self-directed/motivated
- Seeks help and clarification when necessary
- Organizes work in a systematic manner/Prioritizes effectively
- Utilizes the nursing care plans or other instructional tools provided
- Demonstrates skill in basic nursing techniques & assessment
- Is a safe practitioner
- Utilizes interpersonal skills with various individuals: patients, families, teachers, fellow students, etc.
- Exhibits professional behavior
- Conveys an at-ease bedside manner

Signature: _____

Name (please print): _____

Title: _____

Telephone: _____ **E-mail:** _____

Class Taught: _____ **Date of Class:** _____

(if applicable)

Comments

**Please return this form and your comments no later than October 11, 2019 to:
sequoia.foundation@dignityhealth.org.**