

Reference Form

Clinician Name:

Specialty:

Hospital/Location:

Reference Name:

Reference Job Title:

Reference Contact:

Dates of Employment:

Please rate the clinician in the areas below as they rate to the clinician's work performance.

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	<i>Unsatisfactory Performance</i>	<i>Below Expectations</i>	<i>Meets Expectations</i>	<i>Exceeds Expectations</i>	<i>Outstanding Performance</i>
Work performance (quality):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient relations:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job knowledge & Skills Set:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability & dependability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation & attitude:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to solve problems/meet deadlines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism (appearance & conduct):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility & adaptability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance:	<input type="checkbox"/> Acceptable		<input type="checkbox"/> Unacceptable		
Eligible for rehire or another contract:	<input type="checkbox"/> Yes		<input type="checkbox"/> No		

Additional comments you would like to add:

Signature:

Title:

Date: