

REFERENCE FORM

Clinician Name: _____

Facility Name: _____

Reference Name: _____

Reference Position/Title: _____

Reference Email: _____

Reference Telephone: _____

Position Applied For: _____

PERFORMANCE	Yes	No
Did you directly supervise the Clinician?		
Was the Clinician clinically competent?		
Did the Clinician communicate effectively w/ patients, families, and staff?		
Did the Clinician show up for their shifts on time?		
Did the Clinician quickly adapt to your facility's way of doing things?		
Do you recommend the Clinician for this position?		

Additional Comments: _____

Date: _____