

# Faculty Recommendation Form

**Student Name** (Please print): \_\_\_\_\_

**TO THE STUDENT:** I hereby authorize Michigan State University, College of Nursing and its representatives to complete this recommendation form at my request and to release it to perspective employers.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to their own educational records. Students are permitted to waive their rights of access to recommendations. The following indicates the wish of the applicant regarding this appraisal:

\_\_\_\_\_ I waive my right to review this recommendation.

\_\_\_\_\_ I do not waive my right to review this recommendation.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Performance in the Clinical Environment				
	1 Disagree	2 Agree	3 Strongly agree	Not observed
<b>Integrates leadership skills and principles to facilitate optimal patient care</b>				
<b>Engages in effective and respectful communication</b>				
<b>Collaborates with patients and the intra- and inter-professional team to achieve optimal patient outcomes</b>				
<b>Synthesizes evidence to provide and advocate for optimal care in accordance with patient preferences and needs</b>				
<b>Educates patients, empowering them to improve health</b>				
<b>Applies professional values, standards, and ethics</b>				
<b>Provides safe nursing care</b>				
<b>Provides culturally appropriate nursing care</b>				
<b>Demonstrates compassion with patients and families</b>				
<b>Arrives to the assigned clinical area on time</b>				
<b>Seeks out learning opportunities</b>				
<b>Accepts constructive criticism</b>				

**Overall Recommendation**

\_\_\_\_\_ Recommend

\_\_\_\_\_ Do not recommend

\_\_\_\_\_ Insufficient information to recommend

**Additional comments (optional):**

Faculty name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_