

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
Integrates leadership skills and principles to facilitate optimal patient care				
Engages in effective and respectful communication				
Collaborates with patients and the intra- and inter-professional team to achieve optimal patient outcomes				
Synthesizes evidence to provide and advocate for optimal care in accordance with patient preferences and needs				
Educates patients, empowering them to improve health				
Applies professional values, standards, and ethics				
Provides safe nursing care				
Provides culturally appropriate nursing care				
Demonstrates compassion with patients and families				
Arrives to the assigned clinical area on time				
Seeks out learning opportunities				
Accepts constructive criticism				

Overall Recommendation

_____ Recommend

_____ Do not recommend

_____ Insufficient information to recommend

Additional comments (optional):

Faculty name: _____ Date: _____

Signature: _____ Date: _____