



Northern Neck
Technical Center

Nursing Aide Program Recommendation Form

Part 1—Applicant's Information (please print):

Instructions to the applicant: Complete Part 1 of this form and give a copy to three teachers you wish to write a recommendation for you. Recommendations from principals and guidance counselors are acceptable. Ask the writer to return it to you.

Applicant's name: _____ Applicant's signature: _____

Part 2—Recommendation (please print):

Instructions to the writer: If you are recommending an applicant, please complete Part 2 of this form and return it to the applicant in a sealed envelope signed across the back.

Name of person making recommendation: _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

How would you compare this applicant to his or her peers? _____

Would you recommend this student for the Nurse Aide Program? _____

	Below Average	Average	Good	Excellent	Outstanding	No Judgment
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Please see reverse for further information

