

**Baptist Health College Little Rock – Educational Reference**

**Confidential Statement**

**Directions: Submit form with (blue) Student Administrative Service Request Form.**

\_\_\_\_\_, \_\_\_\_\_  
(Print Name) (Student ID Number)

\_\_\_\_\_  
(Program of Study)

\_\_\_\_\_/\_\_\_\_\_  
(Contact Phone Number) (Email Address)

I am requesting an Educational Reference to be sent to:

Employer Name, Title \_\_\_\_\_

Address \_\_\_\_\_

I am authorizing my instructor(s) to release information regarding my enrollment at BHCLR.

\_\_\_\_\_  
Signed Date

**Information below is to be completed by respective Faculty and submitted to Student Services for approval.**

Item	Excellent	Good	Satisfactory	Poor
Classroom Performance- Overall				
Clinical Performance- Overall				
Clinical Knowledge				
Use of Nursing Process				
Organization of Patient Care				
Patient Interpersonal Relations				
Collaborative Skills				
Medication Experience				
Ability to Cope with Stressful Situations				
Professional Attitude				
Personal Appearance				
Initiative				
Responsibility				
Delegation/Follow-up Skills				
Attendance & Dependability				
Potential for Professional Success				

COMMENTS \_\_\_\_\_

\_\_\_\_\_  
Signed Title Date