

**Letter of Recommendation**

**for Serenity Health Training Institute**

Please answer the following question pertaining to the following student’s character:

Excellent/Yes=5 Good/Always=4 Sometimes/Fair=3 Never/Poor=2

How long have you known\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and in what capacity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. How would you rate the candidate’s ability to communicate? \_\_\_\_\_\_
2. How would you rate the candidate’s ability to work with others? \_\_\_\_\_
3. How would you rate their ability to show passion and empathy towards others? \_\_\_\_\_
4. How would you rate the candidate’s ability to be accountable for his/her actions? \_\_\_\_\_
5. How would you rate the candidate’s attendance? \_\_\_\_\_\_
6. How would you rate their work? \_\_\_\_\_\_
7. Did the candidate complete their work in a timely manner? \_\_\_\_\_\_
8. How would you rate the candidate’s work? \_\_\_\_
9. Would you rehire this candidate? \_\_\_\_\_\_\_
10. Do you recommend this candidate for our nursing program? \_\_\_\_

Would you like to add anything else about the candidate?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/title and email of person completing this form.

A score of 50 is the goal.

Please return this form to Serenity Health Training Institute

20245 W. 12 Mile Rd. Ste. 217, Southfield, Michigan 48076 or submit to [www.serenityhealthtraininginsitute.com](http://www.serenityhealthtraininginsitute.com)

 *Serenity thanks you for completing this reference form.*