

Diane Babral Memorial Scholarship Clinical Instructor Reference Form

Student Name: _____

Instructions for clinical faculty member: Please rate the Applicant on the following attributes (as established by scholarship guidelines) and submit form to Ms. Katie Rodriguez in the SON Administrative Offices.

1. Compassionate

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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2. Loving

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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3. Selfless

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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4. Nonjudgmental to all patients

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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5. A team player

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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6. Proficient in therapeutic communication

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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7. Willing to go above and beyond to help others

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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8. An inspiration to others and has a passion for nursing

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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Please include below or attach any further comments you would like to provide regarding this applicant:

Clinical Faculty Signature: _____ Date: _____