



# Muskegon Community College

## MUSKEGON COMMUNITY COLLEGE NURSING DEPARTMENT Faculty Reference Form

STUDENT INFORMATION	
Name	<input type="text"/>
Course	<input type="text"/>
Sem/Year	<input type="text"/>
Grade	<input type="text"/>

CURRENT DEGREE COURSE PLAN		
Practical Nurse Diploma <input type="checkbox"/>	Associate in Applied Science <input type="checkbox"/>	Associate in Science & Arts <input type="checkbox"/>

STUDENT EVALUATION					
	Poor	Fair	Satisfactory	Good	Excellent
Clinical judgment demonstrated (priority setting, decision making, and critical thinking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing process; ability to relate theory to practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written & oral, expression; documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical practice demonstrated (technical skills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity: Honesty, ethics, professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills with peers & colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills with patients & families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity: dependable, displays initiative & self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for success in _____ area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS

Faculty Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return this form directly to the student. Thank you!**