CONFIDENTIAL RECOMMENDATION FORM

To the Applicant: Please complete the following information and furnish this form along with a self-addressed stamped envelope to the individual who has agreed to provide us with a reference in support of your application. The evaluator will be asked to mail or return the completed form back to you. Please submit the evaluation (still sealed in the envelope in which it was returned to you) along with the rest of your application materials once complete.

Applicant’s Last Name
First Name
Middle Initial

Under the Federal law entitled Family Educational Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence are often of greater value in assessing an applicant’s qualifications, abilities and potential. We therefore request, but do not require you, to sign the following waiver (a). You may, however, decline to do so by signing below the waiver (b).

A. I expressly waive any rights I might have of access to this letter of recommendation under the Family Educational Rights and Privacy Act of 1974, or any other law, regulation or policy.

Applicant’s Signature
Date

OR

B. I do not agree to waive my rights of access to this letter of recommendation.

Applicant’s Signature
Date

To The Evaluator: The above named Individual is applying for admission to the Oregon Tech - Oregon Health & Science University Paramedic Education Program. The Program is a 12 or 18 month rigorous and comprehensive course of full-time study. The academic demands will be considerable and motivation for a health care career is important for success. The student should have unquestioned integrity and be emotionally mature and capable of dealing with patients and the demands of an emergency care provider. Your candid evaluation of the applicant will be of significant value to our committee in its effort to identify and select appropriate students for the program. In providing us information, we ask you not to refer directly or indirectly to any disability an applicant may have.

We endeavor to maintain the confidentiality of recommendations. If the applicant has NOT SIGNED the agreement to waive his/her access to the evaluation in the space above, we urge you to discuss this with the applicant. Not signing this agreement implies that the OIT/ OHSU Paramedic Education Program is legally obligated to grant the applicant access to the completed evaluation form.

After completing the evaluation, please seal it in the self-addressed envelope the applicant has provided for you, sign your name across the seal, and return it to the applicant. The applicant will submit your letter to us with his/her application. Your time and cooperation are very much appreciated.
Please Type or Print Legibly

Evaluator’s Last Name   First Name   Title   Agency/Institution

Phone or Email   Association with Applicant

Interaction with or observation of applicant: ☐ Daily   ☐ Frequent/Consistent   ☐ Infrequent/Temporary

Directions
1. Please rate the applicant based on your interactions and observations with/of him or her.
2. Please include comments at the end of this form. You may attach additional sheets or letters as well.

3 = Exceptional   2 = Acceptable   1 = Unacceptable   U = Unable to Judge

COMMUNICATION
☐ 1. Communicates written ideas in an effective, organized and grammatically correct manner.
☐ 2. Communicates verbal ideas in an effective, organized and grammatically correct manner.
☐ 3. Communication is organized and direct. Listens actively and clarifies misunderstandings.

ORGANIZATION/WORK HABITS
☐ 4. Recognizes and establishes priorities to meet deadlines. Uses time efficiently.

INTEREST & MOTIVATION
☐ 5. Self-motivated, demonstrates intellectual curiosity, volunteers assistance.

ACCOUNTABILITY
☐ 6. Recognizes and admits to errors, completes assigned tasks.
☐ 7. Arrives when expected and begins assigned tasks promptly.
☐ 8. Follows instruction carefully.
☐ 9. Demonstrates perseverance by voluntarily repeating work if indicated and applying themselves to problems until resolved.
☐ 10. Rarely has unplanned, unexplainable absences or tardiness.

ADJUSTMENT TO STRESSFUL SITUATIONS
☐ 11. Is able to adjust to working in changing or adverse situations, able to multitask.
☐ 12. Accepts constructive criticism, is able to ask for help.

DECISION MAKING
☐ 13. Recognizes problems, formulates plan of action, follows through to solution.

INTERPERSONAL SKILLS
☐ 14. Is a good team player.
☐ 15. Gives validity to the opinions and rights of others.

16. OVERALL IMPRESSION: (Please check the statement that most nearly expresses your opinion of the applicant).
☐ Unacceptable candidate   ☐ Marginal; may have difficulty with program
☐ Acceptable; should be able to complete program satisfactorily   ☐ Shows great potential

17. Would you hire this applicant as a paramedic?   Yes _____   No _____ (If no, please comment below)

Comments:

Evaluator’s Signature ___________________________   Date ___________________________

OREGON TECH • OREGON SCIENCE & SCIENCE UNIVERSITY
Paramedic Education Program