

Riverside City College School of Nursing
Faculty Recommendation Form for RN Transition to Practice

Directions: Faculty must use this form to recommend a student for the Transition to Practice program. To use this form, you **must** have a minimum of Adobe Acrobat Reader installed on your computer. You may download this free software at <http://get.adobe.com/reader/> from the Adobe website. Fill out this form, save it on your computer, and email it from your official school email to Amy.Vermillion@rcc.edu **We cannot accept this Faculty Recommendation form from your personal email account or from the students email. Please do not include employment letters in place of this Faculty Recommendation form.**

Name of Student/Graduate: _____ Date Student Graduated: _____

Nursing program student graduated from: _____

Include address if not local: _____

Faculty Name presenting this form: _____

Faculty Title: _____

Relationship of Student/Graduate to Faculty: _____

The following criteria are evaluated on a 1-5 Likert Scale with 1 - Unsatisfactory, 2 – Normal, 3 - Satisfactory, 4 – Highly Satisfactory, and 5 - Outstanding:

Academic Ability:	<input type="checkbox"/>	N/A	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
Clinical Skills:	<input type="checkbox"/>	N/A	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
Organizational/Time mgt. skills:	<input type="checkbox"/>	N/A	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
Communication Skills:	<input type="checkbox"/>	N/A	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
Leadership Abilities:	<input type="checkbox"/>	N/A	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
Professionalism:	<input type="checkbox"/>	N/A	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
Initiative:	<input type="checkbox"/>	N/A	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
Ability to Work with Others:	<input type="checkbox"/>	N/A	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
	<input type="checkbox"/>											

Comments: _____

Faculty Signature _____ Date: _____

Faculty submitting this form via email to Amy.Vermillion@rcc.edu from your official school email address will suffice as your signature. Be sure to include contact #'s below as well as school email addresses below. **Please do not submit this form from your personal email account.**

Phone #'s: _____

E-mail address: _____