

*RDMS Now Program
Applicant Reference*

Applicant Name : _____

This applicant has applied for admission to a customized Medical Sonography Program. Please complete a brief evaluation of this applicant below.

Relationship to Applicant: _____

Trait	Excellent	Above Average	Average	Below Average	Not Known
Organizational skills					
Problem solving					
Communication					
Teamwork					
Flexibility					
Integrity					
Stress Management					
Self-directed					
Reliability					
Emotional Stability					
Motivation					

Indicate Your Recommendation: Highly recommended
 Recommended Recommended with reservation
 Not recommended (specify why)

Comments: _____

 Strengths/Weaknesses _____

 Please send completed form to PO Box 1265, Manteo, NC 27954