

**ST. JOSEPH SCHOOL OF NURSING**  
5 WOODWARD AVENUE  
NASHUA, NEW HAMPSHIRE 03060  
(603) 594-2567

**PERSONAL EVALUATION – Please Check Program of Interest Below**

- |   |   |                                |                                  |
|---|---|--------------------------------|----------------------------------|
| <input type="checkbox"/> Associate of Science in Nursing Program (2-year) | <input type="checkbox"/> LPN to RN Transition |                                |                                  |
| <input type="checkbox"/> Practical Nursing Program                        | <input type="checkbox"/> Nashua               | <input type="checkbox"/> Keene |                                  |
| <input type="checkbox"/> Health Occupations Program                       | <input type="checkbox"/> Nursing Assistant    | <input type="checkbox"/> DAY   | <input type="checkbox"/> EVENING |

**PERSONAL EVALUATION FOR:**

\_\_\_\_\_  
Name of Applicant (PLEASE PRINT)

\_\_\_\_\_  
Street City State Zip

The above named person has applied to become a student in the St. Joseph School of Nursing in the program indicated above.

We would appreciate your evaluation of his/her potential for success and moral integrity so that we may better know the applicant.

---

**TO THE EVALUATOR**

In accordance with a federal law, a student admitted to this school is entitled to review this evaluation in his/her file unless the student has signed a waiver to this right. The school does not require a waiver as a condition for admission to or receipt of any services or benefits from the school. Applicants are, therefore, free to decide whether or not they wish to waive the potential right to examine such evaluations.

**TO THE APPLICANT**

The Family Educational Rights and Privacy Act permits us to request, but not require, that you waive your right to inspect this evaluation. The right would arise if you were an enrolled student in this school and if the evaluation was maintained after your enrollment. Be advised that the information on this form will be used to evaluate you as an applicant for admission to this school. If you choose to waive your right of access to and review of this information, please sign your name.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*(Please see page 2)*

Page 2 - PERSONAL EVALUATION FOR: \_\_\_\_\_  
Name of Applicant (PLEASE PRINT)

**EVALUATION OF APPLICANT'S POTENTIAL FOR SUCCESS**

How long have you known the applicant? \_\_\_\_\_

The applicant is my: \_\_\_\_\_

**Please evaluate this applicant on the following criteria. The scale is from 1 to 5; one being the low end of the scale and five being the high end of the scale. N/A = not applicable.**

	1 LOW	2	3	4	5 HIGH	N/A
Creative Problem Solving						
Accountability						
Punctuality						
Reliability						
Flexibility						
Honesty						
Communication Skills						
Attendance						
Maturity						
Ability to Work With Others						

Additional comments:

---

---

If the applicant has signed the waiver on the reverse side of this form, your evaluation will not be viewed by the applicant. If the applicant has not signed the waiver and enrolls at the school, the applicant will have the right to review your evaluation.

NAME PLEASE PRINT

STREET CITY STATE ZIP

SIGNATURE

DATE