|  |  |
| --- | --- |
| **School of Nursing Junior Level Distant Site Clinical Reference Form** | |
|  | |
| Name of Student: |  |
| Name of Faculty Member: |  |
| Course Work Evaluated: |  |
| **The above student is applying for the Junior Level Distant Site Experience. As lab or clinical faculty for this student in NURS 210 or NURS 221, your evaluation is necessary for the student to be considered. Please complete the reference form below by March 30th and email to** [**nursingdistantsite@liberty.edu**](mailto:nursingdistantsite@liberty.edu)**. Thank you.** | |

|  |
| --- |
| **Please click on “Choose an item” and select appropriate answer from drop down menu.** |
| 1. The student was late turning in assignments to class/lab/clinical:   (Pathos, FCOs, etc.)  Choose an item. |
| 1. In comparison to other students in the clinical group, this student was:   Choose an item. |
| 1. Please rate this student in her/his demonstrated professional conduct in the areas of  * adherence to the dress code in clinical and classroom setting * in their language and * in verbal interaction with professors and peers:   Choose an item. |
| 1. In the clinical/lab setting, indicate the level to which this student was prepared:   Choose an item. |
| 1. In the clinical/lab learning sessions, this student is:   Choose an item. |
| 1. This student responds to skill acquisition and demonstration by:   Choose an item. |
| 1. Please give an example of how the student has or has not evidenced team work. |
| 1. In comparison to other students, this student’s attitude is:   Choose an item. |
| 1. Please cite any incidences that you have witnessed that would cause you to doubt that this student is submissive to authority. |
| 1. How do you see this student representing Liberty University, the School of Nursing and its’ mission statement? |
| 1. This request for reference was received by this evaluator:   Choose an item. |

|  |
| --- |
| **SIGNATURES** |
| ***By typing your name and date into the line below you are verifying that you have accurately completed this evaluation on the student’s behalf. Your typed name will serve as your signature.*** |
| **Signature of Faculty Member:** |
| **Date:** |

|  |
| --- |
| * **Complete form by March 30th, 2019 and email to** [**nursingdistantsite@liberty.edu**](mailto:nursingdistantsite@liberty.edu)**.** * **Save document as: Student’s Last Name – Nursing Course Number – Distant Site Evaluation.**   **(example: Miller – NURS 210 – Distant Site Evaluation)**   * **In subject line, place document’s name (same as above).** * **Thank you.** |