**ODU School of Dental Hygiene Recommendation Form**

**Print Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The applicant listed above is applying to the Old Dominion University School of Dental Hygiene. The applicant will submit your name and email address to the online application system, and you will receive an email from dhcas.org asking you to complete an “online evaluation”. Please upload this completed form by **February 1st**. Do NOT submit a typed letter. Thank you for your assistance.

1. **Indicate your knowledge of the applicant (circle or highlight all that apply):**

How do you know the applicant? Academic Employment Other \_\_\_\_\_

How well do you know the applicant? Very well Moderately well Slightly

How long have you known the applicant? Month(s) \_\_\_\_\_ Year(s) \_\_\_\_\_

1. **Evaluate the applicant according to the skills, characteristics, & attributes below (put X in boxes):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Above Average** | **Average** | **Below Average** | **No basis for comment** |
| Time Management |  |  |  |  |
| Cooperation within Organization |  |  |  |  |
| Ability to Accept Feedback |  |  |  |  |
| Emotional Maturity |  |  |  |  |
| Empathy & Compassion |  |  |  |  |
| Reliability |  |  |  |  |
| Ability to Manage Stress |  |  |  |  |
| Interpersonal Rapport |  |  |  |  |
| Ethical & Professional Behavior |  |  |  |  |
| Application of Learned Concepts |  |  |  |  |
| Critical Thinking |  |  |  |  |
| Verbal & Nonverbal Communications |  |  |  |  |
| Written Ability |  |  |  |  |
| Computer Skills |  |  |  |  |
| Organization |  |  |  |  |
| Follow Directions |  |  |  |  |
| Work Independently |  |  |  |  |
| Cultural Competence |  |  |  |  |
| Compliance with Personal Protective Equipment (PPEs) |  |  |  |  |
| Manual dexterity |  |  |  |  |
| Physical Maneuverability (bending, twisting, reaching, pushing, pulling, foot control) |  |  |  |  |

1. **Indicate your overall endorsement of the applicant for admission to the Dental Hygiene Program by highlighting your recommendation of them. Please also provide additional comments as needed:**

|  |
| --- |
| Recommend |
| Recommend with Reservations |
| Do Not Recommend |
|  |
| Additional Comments:   |

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Referrer’s Printed Name Position/Title Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referrer’s Signature Date