PARAMEDIC SCIENCE RECOMMENDER FORM

To be completed by referrer and returned via email to Krystal Scott Lyman at krystalscott@isu.edu

Applicant’s Name:

Name of Referrer:

Title and Organization of Referrer:

Address: Phone:

INSTRUCTIONS:

Please rate the applicant based on your interactions and observations with the applicant. Please include comments at the end of this form. You may attach additional sheets or letters as well.

3 = Exceptional 2 = Acceptable 1 = Unacceptable U = Unable to Judge

Communication

1. Communicates written ideas in an effective, organized and grammatically correct manner
2. Communicates verbal ideas in an effective, organized and grammatically correct manner
3. Communication is organized and direct. Listens actively and clarifies misunderstandings

Organization/Work Habits

4. Recognizes and establishes priorities to meet deadlines. Uses time efficiently

Interest and motivation

5. Self-motivated, demonstrates intellectual curiosity, volunteers assistance

Accountability

6. Recognizes and admits to errors, completes assigned tasks
7. Arrives when expected and begins assigned tasks promptly
8. Follows instruction carefully
9. Demonstrates perseverance by voluntarily repeating work if indicated and applying themselves to problems until resolved
10. Rarely has unplanned, unexplainable absences or tardiness
Adjustment to Stressful Situations

____ 11. Is able to adjust to working in changing or adverse situations, able to multitask
____ 12. Accepts constructive criticism, is able to ask for help

Decision Making

____ 13. Recognizes problems, formulates plan of action, follows through to solution

Interpersonal Skills

____ 14. Is a good team player
____ 15. Gives validity to the opinions and rights of others

Overall Impression (Please check the statement that most closely expresses your opinion of the applicant)

Unacceptable candidate
Marginal; may have difficulty with program
Acceptable; should be able to complete program satisfactorily
Excellent; Shows great potential

Would you hire this applicant as a paramedic (if no, please comment below)

Yes

No

Briefly describe the capacity in which you have known the applicant, including applicant’s job title and hours worked in your agency, if applicable.
Please attach additional documentation, if relevant.

Referrer’s signature ___________________________       Date ___________________________

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