



**PARAMEDIC SCIENCE RECOMMENDER FORM**

To be completed by referrer and returned via email to Krystal Scott Lyman at [krystal.scott@isu.edu](mailto:krystal.scott@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.**

**Additional Comments:**

Please attach additional documentation, if relevant.

**Referrer's signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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