

MU Sinclair School of Nursing  
Ann Crowe Essig Undergraduate Nursing Research Mentorship Program  
**Clinical Faculty Reference Form**

*Submit to: Dr. Roxanne McDaniel, S410 Nursing Building by March 1, 2007*

Please evaluate the proposed student researcher according to the following information:

Student Name: \_\_\_\_\_

	<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Motivation	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Ability to work independently	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Verbal Skills	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Written Skills	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Professionalism	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Reliability	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Critical Thinking ability	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Ability to apply nursing knowledge	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>

**Comments:**

**Faculty Signature:** \_\_\_\_\_

**Clinical Course:** \_\_\_\_\_