

**Children's Hospital of the King's Daughters
Nursing Student Summer Extern Program Application Addendum**

Letter of Reference for: _____

Thank you for providing a reference for the above-named student for the Nursing Student Summer Extern Program. Please rate the student on the characteristics listed below and share with us any additional information or comments you feel will help us in our consideration of the student's application. Mail the completed form to:

Nurse Recruitment Department (Nursing Student Extern Program)
Children's Hospital of the King's Daughters
601 Children's Lane
Norfolk, VA 23507

1. Quality of work:

____ Below Average ____ Average ____ Above Average ____ Excellent

2. Dependability:

____ Below Average ____ Average ____ Above Average ____ Excellent

3. Communication Skills:

____ Below Average ____ Average ____ Above Average ____ Excellent

4. Initiative/Ability to work independently:

____ Below Average ____ Average ____ Above Average ____ Excellent

5. Ability to accept direction and work with others:

____ Below Average ____ Average ____ Above Average ____ Excellent

6. Additional Comments:

Signature and Date: _____

Title/Position and Place of Employment: _____

Relationship to Applicant: _____