

**Community College of Denver  
Radiation Therapy Program**

**STRUCTURED REFERENCE WAIVER**

APPLICANT TO THE COMMUNITY COLLEGE OF DENVER RADIATION THERAPY PROGRAM

Applicant's Name: \_\_\_\_\_

INSTRUCTIONS TO THE APPLICANT

Please read this entire page before giving this form to the person serving as your reference. Print or type your name in the space provided.

The Family Education Rights and Privacy Act of 1974 permits you to review letters or recommendations received by our office. The law allows you to waive this right and maintain a confidential file. If you prefer that this recommendation remain confidential, please read and sign the following statement of release:

I hereby consent that this structured reference be included in my application file with the Radiation Program at Community College of Denver, and that it be preserved in a manner that will not allow me or the public to review its contents. It is my understanding that upon request, I will be advised of persons from whom structured references have been received and that such structured references will be used only for the purpose for which they were obtained.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

INSTRUCTIONS TO THE EVALUATOR:

CONCERNING FEDERAL LAW: Under the Family Education Rights and Privacy Act of 1974, the candidate will have access to your structured reference unless the above Waiver is signed. If the waiver is signed, you may be assured that this structured reference will be kept confidential from the candidate.

**Community College of Denver  
Radiation Therapy Program  
Structured Reference**

**INSTRUCTIONS**

Please indicate the degree to which each of the following qualities is characteristic of the candidate you are rating. You are invited to make specific comments in the section below the survey. Please sign and date this form, and return to the candidate in a sealed envelope with your signature across the seal. This reference may also be mailed directly to the address listed below:

Community College of Denver Radiation Therapy Program  
Center for Health Sciences at Lowry  
Attention: Phyllis DeBaun  
1070 Alton Way, Bldg 849  
Denver, CO 80230

ApplicantsName: \_\_\_\_\_

How long have you known the candidate? \_\_\_\_\_

In what capacity do you know the candidate (Student, friend, co-worker, etc.)? \_\_\_\_\_

SCALE

1= POOR/UNSATISFACTORY

2= BELOW AVERAGE

3=AVERAGE/SATISFACTORY

4= ABOVE AVERAGE/CONSISTENTLY EXCELS

5= EXCELLENT/SUPERIOR

Questionable capacity to improve

75% or less consistent

76-85% consistent

86-95% consistent

95-100% consistent

1.	RESPONSIBILITY: Ability and willingness to accept responsibility, complete tasks, honor commitments	1 2 3 4 5
2.	ATTENDANCE: Punctual, regular attendance	1 2 3 4 5
3.	MOTIVATION: Extent to which individual initiates action, applies self to tasks	1 2 3 4 5
4.	COMMUNICATION: Ability to communicate clearly and concisely in both written and verbal forms	1 2 3 4 5
5.	MATURITY: Conducts self in an emotionally mature manner, displays a consistently professional attitude	1 2 3 4 5
6.	STRESS/SELF CONTROL: Ability to handle or cope with stressful/anxious situations appropriately	1 2 3 4 5
7.	INTERPERSONAL RELATIONSHIPS: Ability to cooperate and adapt as needed to get along with peers, co-workers, teachers. Demonstrates willingness to participate.	1 2 3 4 5
8.	HONESTY: Extent to which the candidate displays an ethical code of integrity	1 2 3 4 5
9.	PROBLEM SOLVING/INDEPENDENT THINKING: Candidate demonstrates the ability to identify and solve problems	1 2 3 4 5
10.	ATTITUDE: Displays a consistently positive attitude. Morale builder versus morale depressor	1 2 3 4 5
11.	CONSTRUCTIVE CRITICISM: Ability to handle and adjust to positive or negative criticism and positive feedback	1 2 3 4 5
12.	APPEARANCE: Candidate displays a professional standard of neatness and cleanliness.	1 2 3 4 5
13.	CUSTOMER SERVICE: Displays excellent customer service skills. Puts the customer first	1 2 3 4 5
14.	ORGANIZATIONAL SKILLS: Can prioritize tasks, completing them within manageable timeframes	1 2 3 4 5
15.	OVERALL RECOMMENDATION: 1=Do not recommend, 2=Recommend with some reservation, 3=Recommend without reservation, 4=Strongly recommend	1 2 3 4 5

COMMENTS:

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Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_