



NURSING 4922

References: Out of Region/Specialty Practice Placements

You have been identified as an appropriate clinical reference for a student requesting an **Out of Region or Specialty Practice Placement** in their final practice experience. Please assess the student on the following parameters. Indicate where on the scale this student fell upon completion of your clinical course, in relation to other students you have taught, at the same point in the program.

STUDENT: _____ INSTRUCTOR: _____

Click on the appropriate score on the scale below each question. Note that "0" is interpreted as "UNACCEPTABLE" and "10" is considered Superior. If you are unable to assess this student in relation to any question, click "unable to assess".

1. Organizational skills and time management:

0	1	2	3	4	5	6	7	8	9	10	UNABLE TO ASSESS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Student preparation for the practice setting: (initiative)

0	1	2	3	4	5	6	7	8	9	10	UNABLE TO ASSESS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Collaboration skills to support nursing care: (communication and teamwork)

0	1	2	3	4	5	6	7	8	9	10	UNABLE TO ASSESS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Leadership abilities:

0	1	2	3	4	5	6	7	8	9	10	UNABLE TO ASSESS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Accountability:

0	1	2	3	4	5	6	7	8	9	10	UNABLE TO ASSESS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommended for Out of Region/In-Region Specialty

Not Recommended for Out of Region/In-Region Specialty

Please provide commentary and/or examples of student performance relevant to the OOR/Specialty that support your recommendation for the specific placement request: