



SYRACUSE CITY SCHOOL DISTRICT

Syracuse City LPN Program

573 E. Genesee Street · Syracuse, NY 13202

Phone 315·435·4150 · Fax 315·435·6599

Sharon L. Contreras

Superintendent of Schools

Reference

_____ has applied to the **Licensed Practical Nurse Program**.

(Please use complete name.)

A profile of performance is required by an employer, supervisor, teacher, guidance counselor or other professional. I would appreciate your completing this confidential reference.

Please give a brief description of the applicant's strengths and weaknesses.

How long have you known this applicant? _____

In what capacity have you known this applicant? _____

Please evaluate:

Category	Above Average	Average	Below Average	Comments
Attendance				
Punctuality				
Safe Performance				
Work Performance				
Acceptance of Supervision				
General Attitude				
Accountability				
Responsibility				
Commitment				
Setting of Priorities				
Communications				
Dependability				
Honesty				
Cooperation				

Print Name: _____ **Title:** _____

Signature: _____

Company/Business/School: _____ **Date:** _____

Address: _____ **Phone:** _____