

## REFERENCE FORM

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

Reference's Name: \_\_\_\_\_

The above named applicant has applied to the North Oaks School of Radiologic Technology. Please complete this reference form and mail it directly to the school or send via email to [radschool@northoaks.org](mailto:radschool@northoaks.org) by June 1, 2026.

**The applicant's application will not be complete until your response is received.**

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

In what capacity? \_\_\_\_\_

What do you consider the chief strength and weakness of the applicant? If possible give examples.

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Please rate the applicant in the following categories on a scale of 1 to 5. (5=excellent, 1=poor).

a. Academic potential \_\_\_\_\_  
b. Honesty \_\_\_\_\_  
c. Personality \_\_\_\_\_  
d. Dependability \_\_\_\_\_  
e. Adaptability \_\_\_\_\_  
f. Communication skills \_\_\_\_\_

g. Responsibility \_\_\_\_\_  
h. Initiative \_\_\_\_\_  
i. Leadership \_\_\_\_\_  
j. Teamwork \_\_\_\_\_  
k. Maturity \_\_\_\_\_

Additional comments:

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Recommendation:

\_\_\_\_\_ Recommend Strongly  
\_\_\_\_\_ Recommend  
\_\_\_\_\_ Recommend with reservation (explain)  
\_\_\_\_\_ Do not recommend

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

Address: \_\_\_\_\_  
City State Zip