NorthOaks Health
School of Radiologic Technology

North Oaks School of Radiologic Technology
P.O. Box 2668
Hammond, Louisiana 70404

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 by May 15, 2027.
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.

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:

Recommendation:

_____Recommend Strongly
_____Recommend
_____Recommend with reservation (explain)
_____Do not recommend

Signature: _____Date:_____/_____/_____

Address: _____
City State Zip