

**GREATER LOWELL TECHNICAL SCHOOL**  
**ATTN: PRACTICAL NURSE PROGRAM**  
250 PAWTUCKET BLVD.  
TYNGSBOROUGH, MA 01879

**PRACTICAL NURSE PROGRAM PROFESSIONAL EVALUATION**

**PROFESSIONAL EVALUATION FOR:** \_\_\_\_\_  
Name of Applicant (PLEASE PRINT)

\_\_\_\_\_  
Street City State Zip

The above named person has applied to become a student at Greater Lowell Technical School Practical Nurse Program.

We would appreciate your evaluation of his/her potential for success and moral integrity so that we may better know the applicant.

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**TO THE EVALUATOR**

In accordance with a federal law, a student admitted to this school is entitled to review this evaluation in his/her file unless the student has signed a waiver to this right. The school does not require a waiver as a condition for admission to or receipt of any services or benefits from the school. Applicants are, therefore, free to decide whether or not they wish to waive the potential right to examine such evaluations.

**TO THE APPLICANT**

The Family Educational Rights and Privacy Act permits us to request, but not require, that you waive your right to inspect this evaluation. The right would arise if you were an enrolled student in this school and if the evaluation was maintained after your enrollment. Be advised that the information on this form will be used to evaluate you as an applicant for admission to this school. If you choose to waive your right of access to and review of this information, please sign your name.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*(Please see page 2)*

**EVALUATION OF APPLICANT'S POTENTIAL FOR SUCCESS**

**Professional Reference**

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

What is your relationship to the applicant? \_\_\_\_\_

**Please evaluate this applicant on the following criteria. The scale is from 1 to 5; one being the low end of the scale and five being the high end of the scale.**

	1 LOW	2	3	4	5 HIGH
Creative Problem Solving					
Accountability					
Punctuality					
Reliability					
Flexibility					
Honesty					
Communication Skills					
Attendance					
Maturity					
Ability to Work With Others					

Additional comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If the applicant has signed the waiver on the reverse side of this form, your evaluation will not be viewed by the applicant. If the applicant has not signed the waiver and enrolls at the school, the applicant will have the right to review your evaluation.

NAME <b>(PLEASE PRINT)</b>	JOB TITLE	CREDENTIALS
STREET	CITY	STATE      ZIP
SIGNATURE		
DATE		