

ODU School of Dental Hygiene Recommendation Form

Print Applicant's Name: _____

The applicant listed above is applying to the Old Dominion University School of Dental Hygiene. The applicant will submit your name and email address to the online application system, and you will receive an email from dhcas.org asking you to complete an "online evaluation". Please upload this completed form by **February 1st**. Do NOT submit a typed letter. Thank you for your assistance.

1. Indicate your knowledge of the applicant (circle or highlight all that apply):

How do you know the applicant?	Academic	Employment	Other _____
How well do you know the applicant?	Very well	Moderately well	Slightly
How long have you known the applicant?	Month(s) _____	Year(s) _____	

2. Evaluate the applicant according to the skills, characteristics, & attributes below (put X in boxes):

	Above Average	Average	Below Average	No basis for comment
Time Management				
Cooperation within Organization				
Ability to Accept Feedback				
Emotional Maturity				
Empathy & Compassion				
Reliability				
Ability to Manage Stress				
Interpersonal Rapport				
Ethical & Professional Behavior				
Application of Learned Concepts				
Critical Thinking				
Verbal & Nonverbal Communications				
Written Ability				
Computer Skills				
Organization				
Follow Directions				
Work Independently				
Cultural Competence				
Compliance with Personal Protective Equipment (PPEs)				
Manual dexterity				
Physical Maneuverability (bending, twisting, reaching, pushing, pulling, foot control)				

3. Indicate your overall endorsement of the applicant for admission to the Dental Hygiene Program by highlighting your recommendation of them. Please also provide additional comments as needed:

Recommend
Recommend with Reservations
Do Not Recommend
Additional Comments:

Referrer's Printed Name

Position/Title

Email Address

Referrer's Signature

Date _____