

Professional Recommendation Form

As part of our communication and selection process for Associates seeking to advance their education, please complete this form for the Associate listed below. Your input will help us be informed and allow us to make better decisions that will benefit the Associate and CHRISTUS Health.

Date: _____

Associate: _____ Date of Hire: _____

Current Department/Job Title: _____

Yeas of Direct Care Experience: _____

This associate is applying to/enrolled in the following school and program:

School	Program
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On a scale of 1 to 5 (with 5 being the highest), please evaluate your Associate on the following points:

- Attendance/Tardiness _____
- Quality of Work _____
- Communications Skills _____
- Interpersonal Skills _____
- Timeliness of Work _____
- Decision Making _____
- Cooperation _____
- HR: In good standing? _____
- Commitment to CHRISTUS _____

Additional Comments: _____

Completed by: _____ Date: _____

Please complete and return this form to: cgsstudents@christushealth.org

