



Dental Hygiene Program, 500 Kennedy Dr. Rangely, CO 81648

To be filled out by an instructor and/or employer.

The person named below is applying to Colorado Northwestern Community College Dental Hygiene Program and has requested that you complete the following form as a part of the application process. Please complete it thoroughly so that we can learn to know the applicant as completely as possible. If you need additional space to answer any of the items below, please attach a separate sheet of paper. The Family Rights and Privacy Act of 1974 require that this reference be accessible to the applicant if requested.

This Reference Form must be **received** in the Department of Dental Hygiene office by **February 1st**.

Fax the completed form to 970-675-3355 or mail it to CNCC, Dental Hygiene Program, ATTN: Kathy LaNoue, 500 Kennedy Dr. Rangely, CO 81648.

Applicant's Name _____ City _____ State _____

Person providing reference _____

Position _____ Relationship to Applicant _____

How well do you know this applicant? (Circle one) Very Well / Moderately Well / Casually

For each of the following, please choose the number that most accurately describes the applicant's standing in the following areas:

Dependability	0	1	2	3	4	5
Professionalism	0	1	2	3	4	5
Leadership potential	0	1	2	3	4	5
Ability to work independently	0	1	2	3	4	5
Works well with others	0	1	2	3	4	5
Ability to learn new tasks/skills	0	1	2	3	4	5
Meets work/academic expectations	0	1	2	3	4	5
	Unknown 0.	Never 1.	Rarely 2.	Sometimes 3.	Frequently 4.	Consistently 5.

Comments: _____

What do you consider to be the applicant's challenges or areas for continued growth?

Your recommendation of this applicant for admission to the CNCC Dental Hygiene Program (circle one)
Recommend / Recommend with reservations / Do not recommend (please comment)

Comments: _____

Personal Comments: What should we know that would allow our staff (faculty, campus counselor, and other students support staff) to be helpful to this applicant?

Reference Signature _____ Date _____

A faculty member may be calling you on the reference given above, please complete the following information so that we may contact you at your convenience. Thank you.

Address: _____

Daytime phone # _____ Evening phone # _____

Best time to call you: _____

Please return reference to CNCC, Dental Hygiene Program, ATTN: Kathy LaNoue, 500 Kennedy Dr. Rangely, CO 81648 or fax to 970-675-3355 by February 1st.