



Loudoun County Public Schools Adult Education

21000 Education Court, Ashburn, VA, 20148

Adult.education@lcps.org

Practical Nursing - Applicant's Personal Reference

Please make copies of blank form for references. All information will be kept confidential

_____ has applied for admission to Academies of LCPS Adult Education Practical Nursing pathway and has given your name as a reference. Will you please give us your candid opinions and observations of the applicant's suitability for this program?

The applicant is...	Strongly Agree	Agree	Disagree	Strongly Disagree	No opinion or N/A
organized					
on time and prepared					
able to think critically					
able to verbally communicate effectively					
able to communicate effectively in written form					
a team player and works well with others					
able to accept constructive criticism					
able to succeed in a rigorous academic course or program					

What do you consider the applicant's strengths?

What do you consider the applicant's weaknesses?

Please tell us anything else that would be helpful to us in our decision process:

Would you recommend this applicant for the practical nursing program? Circle or highlight your answer.

Highly Recommend

Recommend

Recommend with Reservations

Do not Recommend

How long have you known the applicant and in what relationship? _____

Name printed with title: _____

Signature: _____

Date: _____

Address: _____

Phone Number: _____

Email: _____

DO NOT RETURN THIS FORM TO THE APPLICANT * DO NOT FAX THIS FORM – Completed form must be emailed to adult.education@lcps.org by February 5th, 2021.