



### 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: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Associate: \_\_\_\_\_

Years of direct care experience \_\_\_\_\_

Current Department/ Job Title: \_\_\_\_\_

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

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

- Attendance/Tardiness \_\_\_\_\_
- Quality of Work \_\_\_\_\_
- Communication Skills \_\_\_\_\_
- Interpersonal Skills \_\_\_\_\_
- Timeliness of Work \_\_\_\_\_
- Decision Making \_\_\_\_\_
- Cooperation \_\_\_\_\_
- HR: in good standing? \_\_\_\_\_
- Commitment to Christus \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

Complete and return this form to:  
[edumail@christushealth.org](mailto:edumail@christushealth.org)