MONTACHUSETT REGIONAL VOCATIONAL TECHNICAL SCHOOL
PRACTICAL NURSING PROGRAM

ADMISSION REFERENCE FORM

Montachusett Regional Vocational Technical School Practical Nursing Program admits students and makes available its advantages, privileges, and course of study without regard to race, color, ethnicity, religion, national origins, age, sex, gender identity, sexual orientation, homelessness, disability or limited English proficiency.

_____ has applied for admission to the Practical Nursing Program.
(Clearly Print Applicant Name)
They have indicated that you are willing to provide a reference. Please assist the Admissions Committee with its decision making by completing the following information.

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(Applicants will sign here if they do not want access to the reference form after it is completed by the person providing the reference)

I waive all rights to review this form.

_____ _____
(Applicant) (Date)

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I. How long have you known this applicant? _____

In what capacity? _____

II. **On a scale of 1 (low) to 10 (high),** please rate this applicant on the following personal characteristics in relation to their work performance:

Promptness	_____	Enthusiasm	_____
Dependability	_____	Interpersonal Skills	_____
Appearance	_____	Competence	_____
Self-direction	_____	Safety	_____

Would you care to comment on any of your responses?

If you are currently employing this applicant, or have employed them in the past, would you employ this applicant again?

What do you believe to be this applicant's most important:

Strengths?

Weaknesses?

(Please circle one) Do Do not recommend this applicant.

Additional comments:

***NOTE: PLEASE DO NOT RETURN THIS FORM TO THE APPLICANT*. PLEASE MAIL THIS REFERENCE TO MONTY TECH:**

ATTENTION PRACTICAL NURSING PROGRAM
1050 Westminster St
Fitchburg MA 01420

Name (Please print): _____

Agency/Company: _____

Position: _____

_____
(Signature)

_____
(Date)

June 2026