



Health Sciences and Human Services

Reference Information for Dental Hygiene

(Use this form to aid you in developing a reference letter for the applicant)

I _____, an applicant to the College of Southern Idaho Dental Hygiene program, release the individual and the college from all claims or liabilities that might arise from the disclosure of information on this reference inquiry.

The above applicant is a candidate for admission to the College of Southern Idaho Dental Hygiene program. Your comments will be considered confidential and will be used only by the faculty members to help them to arrive at a better understanding of the applicant.

Your cooperation in completing and promptly returning this form will assist both the applicant and the Department.

1. How long have you known the applicant and in what capacity?
2. What do you consider the chief qualities indicating strengths or weaknesses in the applicant? If possible, give illustrations.
3. Do you place full confidence in the applicant's integrity? If not, please explain.
4. Has the applicant, so far as you know, any characteristics which might limit success in this Career? If so, please specify.
5. What experience has the applicant had which might have influenced her/his development:
 - a. Favorably
 - b. Unfavorably
6. Does the applicant like to work with people?
What experiences has she/he had which support your answer?
7. To your knowledge how does the applicant respond to stress? Use examples if needed.

Please indicate whether or not you endorse this applicant for this program. Please give a reason for your answer.

Additional comments:



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Signature _____ Position _____

Address _____ Date _____

PLEASE RETURN THIS FORM DIRECTLY TO: Cindy Harding RDH MS
Director of Dental Hygiene
College of Southern Idaho
PO Box 1238
Twin Falls, ID 83303-1238