



Cleveland Clinic

Mercy Hospital

Diagnostic Medical Sonography (Mercy) Reference Form

Reference for: _____

Interpersonal Skills

	Exceptional	Satisfactory	Unsatisfactory	Not applicable
Attitude				
Acceptance of supervision				
Customer Service				
Ability to work with others				

Comments:

Quality of Work

	Exceptional	Satisfactory	Unsatisfactory	Not applicable
Follows instructions				
Accepts constructive criticism				
Problem solving skills				

Comments:

Work Habits

	Exceptional	Satisfactory	Unsatisfactory	Not applicable
Dependability				
Timeliness				
General Conduct				

Comments:

Signature _____ Date _____

Printed name _____ Phone _____

Job title _____

Thank you for taking the time to give us your input. We appreciate it!

Please send directly to:

Susan Bielanski, Diagnostic Medical Sonography Program • Cleveland Clinic Mercy Hospital • 1320 Mercy
DR NW • Canton OH 44708
E-mail: Bielans2@ccf.org