**Clinical Intern Reference Check**

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| Student Intern: Click here to enter text. | College/University: Click here to enter text. | |
| Individual giving reference: Click here to enter text. | | |
| Title: Click here to enter text. | | Date: Click here to enter a date. |

1. How do you know this student? Click here to enter text.
2. What are their dates of enrollment? Click here to enter a date.  **to** Click here to enter a date.
3. How dependable was the student in completing assignments? **Click here to enter text.**
4. What are the student’s scholastic strengths? Click here to enter text.
5. What are the student’s scholastic weaknesses? Click here to enter text.
6. Why is this student a good internship prospect? Click here to enter text.

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| --- | --- |
| Reference checked by: | Date: Click here to enter a date. |

Signature