



## Pediatric Injury Research Training Program

### CONFIDENTIAL REFERENCE REPORT

Please Type

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**TO THE APPLICANT:** This section to be completed by the applicant before presenting to the reference.

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Reference Name Institution

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Title of Reference Telephone Number

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APPLICANT'S NAME First Middle Last

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Applicant's Address

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City State Zip Code

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( )  
Applicant's Telephone Number Extension:

**Reference should be received by:**

**For Summer 2021– Nov. 1, 2020**

Completed form to be mailed to:

Frederick P. Rivara, MD, MPH  
Harborview Injury Prevention and Research Center  
Box 359960  
325 Ninth Ave  
Seattle, WA 98104 email: [fpr@uw.edu](mailto:fpr@uw.edu); fax: (206) 744 9962

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**TO THE REFEREE:**

The **Pediatric Injury Research Training Program** seeks to train a new cadre of investigators from diverse disciplines in injury research. It is our intention to create future leaders in injury research.

The above-named applicant has named you as one of several references. We ask your cooperation in responding by the applicable deadline. All replies will be held in strict confidence. Please note that the completed form is not to be returned to the applicant, but to the individual identified above.

**A.** Please indicate in the space below, the period of time you have known the applicant, and in what capacity.

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Applicant's Name \_\_\_\_\_

**B.** Please rate the applicant by **circling or highlighting** the number which most nearly represents your opinion of the applicant in comparison with a representative group of individuals you have known who have had approximately the same training and experience.

	Unable to Judge	Poor	Fair	Good	Excellent	Out- Standing
Overall excellence	0	1	2	3	4	5
Ability to accept constructive criticism and feedback	0	1	2	3	4	5
Ability to communicate (spoken)	0	1	2	3	4	5
Ability to communicate (written)	0	1	2	3	4	5
Ability to deal with ambiguity	0	1	2	3	4	5
Ability to meet deadlines	0	1	2	3	4	5
Clinical Ability	0	1	2	3	4	5
Critical/Analytical Skills	0	1	2	3	4	5
Industry/perseverance	0	1	2	3	4	5
Initiative	0	1	2	3	4	5
Integrity	0	1	2	3	4	5
Intellectual ability	0	1	2	3	4	5
Interpersonal facility						
- with Patients	0	1	2	3	4	5
- with Peers	0	1	2	3	4	5
- with Staff	0	1	2	3	4	5
Judgment	0	1	2	3	4	5
Leadership						
- Demonstrated	0	1	2	3	4	5
- Potential	0	1	2	3	4	5
Maturity	0	1	2	3	4	5
Motivation	0	1	2	3	4	5
Objectivity	0	1	2	3	4	5
Originality						
- Demonstrated	0	1	2	3	4	5
- Potential	0	1	2	3	4	5
Research Skill						
- Demonstrated	0	1	2	3	4	5
- Potential	0	1	2	3	4	5
Overall evaluation	0	1	2	3	4	5



Applicant's Name \_\_\_\_\_

- C.** Please elaborate on the applicant's performance on the basis of which you arrived at your assessment in section (B). If possible, please cite some specific illustration of the applicant's performance. You may attach a letter in lieu of completing this form if you wish.

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Print Name of Reference

\_\_\_\_\_  
Date

Do NOT return this completed form to the applicant. Please follow instructions provided on the front of this form.

\_\_\_\_\_  
Title of Reference

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Telephone Number