



**Cleveland Clinic**

**School of Health Professions**

Mercy Diagnostic Medical Sonography Program

**Reference Form**  
**Mercy Diagnostic Medical Sonography Program**

Student Name: \_\_\_\_\_

**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 of reference: \_\_\_\_\_

Printed name: \_\_\_\_\_

Phone: \_\_\_\_\_

Job title \_\_\_\_\_

Date: \_\_\_\_\_

**Please submit via email to [MercyDMSProgram@ccf.org](mailto:MercyDMSProgram@ccf.org)**

June 2025