

Senior Nursing Transfer Evaluation Form

(To be completed by Program Director, Academic Advisor, or Clinical Coordinator)

Student Name: _____

Institution: _____

Evaluator Name & Title: _____

Relationship to Student: _____

1. Clinical Performance & Readiness

Please rate the student's clinical competence, including judgment, prioritization, and ability to provide safe patient care:

- Excellent – consistently exceeds expectations
- Strong – meets expectations with minimal guidance
- Adequate – meets expectations with regular guidance
- Concern – inconsistent or requires significant support
- Significant Concern – not meeting expectations

Comments (required):

2. Professionalism

Please rate the student's reliability, communication, and overall professionalism:

- Excellent – consistently professional and accountable
- Strong – reliable with minor areas for growth
- Adequate – generally appropriate with some concerns
- Concern – inconsistent professionalism
- Significant Concern – serious professionalism issues

Comments (required):

3. NCLEX Readiness

Based on your program's benchmarks, how prepared is this student to pass the NCLEX?

- High likelihood of first-time pass
- Moderate likelihood
- Low likelihood

(Optional)

4. Concerns or Remediation

Has this student required significant academic, clinical, or behavioral intervention?

- No
 - Yes (please briefly explain):
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5. Recommendation (Required)

- Strongly recommend for senior-level transfer
 - Recommend with reservations
 - Do not recommend for senior-level transfer
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6. Graduation Readiness

Would this student have been on track to graduate and sit for NCLEX in your program?

- Yes
 - Yes, with concerns
 - No
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Signature: _____ **Date:** _____