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: _____

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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):

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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):

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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)

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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

Signature: _____ Date: _____