

LETTER OF EVALUATION

for

Name of Student (please print) _____

Student I.D. Number _____

EVALUATOR: Please ensure that the student has signed the waiver statement below.

APPLICANT: Please check one of the boxes below and sign before giving this to the evaluator.

- I agree to respect the confidentiality of the evaluation and specifically waive any right of access under the Family Educational Rights and privacy Act of 1974 as amended.
- I do not waive any rights I might have to examine this evaluation.

Legal Signature of Student _____

Date Signed _____

1. In what capacity have you been associated with the student? _____
2. How well do you know the applicant?
 - A. Very well B. Fairly well C. Slightly
3. How long have you known the applicant? _____
4. What would be your attitude toward having the applicant in a responsible position under your direction?
 - A. Definitely would want her/him B. Would want her/him
 - C. Would be satisfied with her/him D. Would prefer not to have her/him
 - E. Definitely would not want her/him F. Unable to judge
5. To your knowledge, has there ever been any disciplinary action involving this student that might indicate unsuitability for a professional career in the medical field?

Yes No *If yes, provide full explanation in Narrative Comments section or in an attached letter.*

Please indicate with a check your opinion for each factor pertaining to this applicant, relative to other students at this institution.

FACTORS	OUTSTANDING Top 5%	EXCELLENT Next 10%	VERY GOOD Next 20%	GOOD Next 40%	FAIR Next 20%	POOR Next 5%	NO BASIS FOR JUDGEMENT
MOTIVATION: for genuineness and depth of commitment.							
MATURITY: personal development, ability to cope with life situations.							
EMOTIONAL STABILITY: performance under pressure, mood stability, constancy in ability to relate to others.							
INTERPERSONAL REALTIONS: ability to get along with others, rapport, cooperation, attitudes toward supervision.							
EMPATHY: sensitivity to needs of others, consideration, tact.							
JUDGEMENT: ability to analyze a problem, common sense, decisiveness.							
RESOURCEFULNESS: originality, skillful management of available resources.							
RELIABILITY: dependability, sense of responsibility, promptness, conscientiousness.							
COMMUNICATION SKILLS: clarity of expression, articulateness.							
PERSERVERANCE: stamina, endurance.							
SELF CONFIDENCE: assuredness, capacity to achieve with awareness of own strengths and weaknesses.							

NARRATIVE COMMENTS: *For maximum credibility, your comments regarding the general intellectual abilities and suitability for a career in one of the health professions are needed to support your overall rating of this applicant. Please attach a separate page if you require more space (typing is not required).*

Please check the box corresponding to your overall evaluation of this applicant for medical, veterinary medical, dental or allied health school.

- A. Outstanding Candidate (>95 percentile)
- B. Excellent Candidate (85-95 percentile)
- C. Very Good Candidate (65-84 percentile)
- D. Good Candidate (25-64 percentile)
- E. Fair Candidate (5-24 percentile)
- F. Poor Candidate (<5 percentile)
- G. No Basis for Judgment

Name _____	_____
<i>(print)</i>	<i>title</i>
_____	_____
<i>signature</i>	<i>department</i>
_____	_____
<i>school</i>	<i>date</i>

Please return this form directly to:

**Pre-health Professions Advisory Committee
Department of Biology, 2035 Bailey Science Center
Valdosta State University
1500 North Patterson Street
Valdosta, GA 31698**