# Student Evaluation

### Student Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Area of Application</th>
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<tr>
<th>ID Number</th>
<th>E-mail Address</th>
<th>Expected date of entry into professional school</th>
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**Confidentiality waiver**

After due consideration, I [ ] do [ ] do not waive my right to review the following evaluative statements.

<table>
<thead>
<tr>
<th>Signature of Student</th>
<th>Date</th>
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The student named above intends to apply to the indicated area(s) of health professional schools. The purpose of this form is to gather information about the student which will assist the Pre-Health Committee in preparing a University evaluation. The information you supply shall be considered as either **CONFIDENTIAL** or **NON-CONFIDENTIAL**, depending upon whether or not the student waived his/her right to access as indicated above. Your comments are forwarded as part of the complete committee evaluation.

### Evaluator Information

<table>
<thead>
<tr>
<th>Name, Title</th>
<th>Course(s) (course – semester/year)</th>
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<thead>
<tr>
<th>Institution</th>
<th>Other</th>
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1. How well do you know the applicant? [ ] very well [ ] fairly well [ ] slightly

2. How long have you known the applicant?  ____________________________

3. To your knowledge, has there ever been any disciplinary action involving this student? [ ] yes [ ] no
   (if yes, please provide full explanation on the reverse side or on an extra sheet.)

4. What would be your attitude toward having this student in a position under your direction?
   [ ] definitely would want him/her [ ] definitely would not want him/her
   [ ] would prefer to have him/her [ ] would be satisfied with him/her
   [ ] would want him/her [ ] unable to judge

5. Using the table provided on the next page, please indicate with a check-mark your opinion of this applicant’s position relative to other students for the criteria defined below.

   **MOTIVATION:** genuineness and depth of commitment to chosen profession
   **MATURITY:** personal development, ability to deal with life situations
   **EMOTIONAL STABILITY:** performance under pressure, mood stability, constancy in ability to relate to others
   **INTERPERSONAL RELATIONS:** ability to get along with others, rapport, cooperation, attitudes toward supervision
   **EMPATHY:** sensitivity to the 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
   **LABORATORY SKILLS:** dexterity and orderliness
   **PERSEVERANCE:** stamina, endurance
   **SELF-CONFIDENCE:** assuredness, capacity to achieve with awareness of strengths and weaknesses
On the basis of the attached recommendation, how do you rank him/her as a candidate to the area(s) indicated:

☐ Outstanding        ☐ Recommended with reservation
☐ Strongly recommended  ☐ Not recommended
☐ Recommended

________________________________________  __________________________
Signature of Evaluator                      Date

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Specific comments are needed by the committee to provide a meaningful evaluation for the applicant. Please comment on the factors that contribute to your recommendation (e.g. applicant’s suitability to the profession, strengths and weaknesses, special experiences with applicant, academic ranking as compared with others in the class, etc.)

PLEASE TYPE RECOMMENDATION ON LETTERHEAD STATIONERY & ATTACH

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PLEASE RETURN THIS FORM AND LETTER OF RECOMMENDATION TO:

PRE HEALTH ADVISOR, ADVISEMENT SERVICES CENTER LI 36
The University at Albany, 1400 Washington Avenue, Albany, NY 12222