

## Student Evaluation

Student	Health Profession
Name _____	Area of Application _____
ID Number _____	E-mail Address _____
Expected date of entry into professional school _____	
<b>Confidentiality waiver</b>	
After due consideration, I <input type="checkbox"/> do <input type="checkbox"/> do not waive my right to review the following evaluative statements.	
Signature of Student _____	Date _____

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	Basis of Association with Student
Name, Title _____	Course(s) (course – semester/year) _____
Institution _____	Other _____

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?
 

<input type="checkbox"/> definitely would want him/her	<input type="checkbox"/> definitely would not want him/her
<input type="checkbox"/> would prefer to have him/her	<input type="checkbox"/> would be satisfied with him/her
<input type="checkbox"/> would want him/her	<input type="checkbox"/> 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

Factors	Outstanding top 5%	Excellent next 10%	Very good next 20%	Good next 40%	Fair next 20%	Poor bottom 5%	No basis for judgement
Motivation							
Maturity							
Emotional stability							
Interpersonal relations							
Empathy							
Judgment							
Resourcefulness							
Reliability							
Communication skills							
Laboratory Skills							
Perseverance							
Self-Confidence							

On the basis of the attached recommendation, how do you rank him/her as a candidate to the area(s) indicated:

- Outstanding
- Strongly recommended
- Recommended
- Recommended with reservation
- Not recommended

\_\_\_\_\_  
Signature of Evaluator

\_\_\_\_\_  
Date

\*\*\*\*\*

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**

**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**