

## Student Evaluation

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

<b>Evaluator</b>	<b>Basis of Association with Student</b>
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							

**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, SIGN, & ATTACH**

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

- |   |   |
|---|---|
| <input type="checkbox"/> Outstanding          | <input type="checkbox"/> Recommended with reservation |
| <input type="checkbox"/> Strongly recommended | <input type="checkbox"/> Not recommended              |
| <input type="checkbox"/> Recommended          |   |

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

\_\_\_\_\_  
Date

**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**