

2013-2014 Professional Evaluation Form

Applicant's Name (Last Name, First Name, Middle Name) _____

EVALUATOR: Complete all of the information requested on this form.

My evaluation of the applicant is based on the following interaction(s):

Interactions: ☐ Lecture/Seminar ☐ Clinic ☐ Research Environment
 ☐ Advisor/Mentor ☐ Other

Please rate the applicant on the following qualities.

<i>Qualities</i>	<i>Exceeds Expectations</i>	<i>Meets Expectations</i>	<i>Does Not Meet Expectations</i>	<i>Not Observed</i>
Professional Appearance/Demeanor				
Assumes Responsibility				
Initiative				
Reliability				
Maturity				
Ability to Accept Criticism				
Ethical Behavior				
Interpersonal/Communication Skills				
Verbal Skills				
Writing Skills				
Clinical Skills				
Community Service Experience				
Didactic Knowledge				
Research Experience				
Student Government Experience				
Teaching Experience				

Mandatory comments:

Overall Evaluation of Applicant:

☐ Do Not Recommend ☐ Recommend ☐ Highly Recommend

Evaluator's Name/Degrees Evaluator's Signature Date (mm/dd/yyyy)

Title/Position Email Address Daytime Telephone

Institution/Business Name

Institution/Business Address City State Zip