

# Evaluation Form

## UA Little Rock Pre-Health Professional Advisory Committee

Items A, B, C, and D are to be completed by the applicant.

A. Applicant's Name: \_\_\_\_\_ ID# \_\_\_\_\_

B. Type of school applying to: \_\_\_\_\_Dental; \_\_\_\_\_Medical; \_\_\_\_\_Physician Assistant; \_\_\_\_\_Optometry; \_\_\_\_\_Veterinary

C. Evaluator name: \_\_\_\_\_

Course taken: \_\_\_\_\_ Date: \_\_\_\_\_(Semester/Year)

Course taken: \_\_\_\_\_ Date: \_\_\_\_\_(Semester/Year)

Course taken: \_\_\_\_\_ Date: \_\_\_\_\_(Semester/Year)

**D. Check one of the following statements:**

\_\_\_\_This evaluation will go into a confidential file. I (student applicant) waive of my rights to examine this file.

\_\_\_\_This evaluation will go into an open file. I (student applicant) have retained my legal right to examine this file.

**TO THE EVALUATOR:** You have been listed as a faculty member who may be able to complete this evaluation. The evaluation is in two parts: a section for written comments and a check list. The written comments are especially important to the admission committees at the various professional schools. Please make as many comments as needed to evaluate this candidate. If you are unable to fill out this form, check the box to the left of your name found on the back and return the form.

**PART I:** Please evaluate the student based on the following points. a) **How long do you know the candidate and in what capacity?** b) **Intellectual ability** (perception, analytic skills, problem-solving ability), c) **Communication skills**, d) **Judgment reliability** (common sense, decisiveness), e) **Interpersonal relations** (empathy, cooperation), d) **Maturity** (emotional stability, independence, self-reliance), f) **Motivations for the chosen career or program**, g) **Ability to complete the program successfully.**



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## **PART II:**                    Standards Used in Ranking are Listed Below

- |   |   |
|---|---|
| a) Very highly recommended, ( <b>VHR, 5</b> ) | c) Recommended with reservation ( <b>RWR, 2</b> ) |
| b) Highly recommended ( <b>HR, 4</b> )        | d) Not recommended ( <b>NR, 1</b> )               |
| c) Recommended ( <b>R, 3</b> )                | e) No Basis for Judgment ( <b>NBJ</b> )           |

**Please note that 5 is the highest rating.** Numbers in check-box correspond with number the evaluator checking that standard. Comparisons have been made with all other students, not just pre-health professional students.

<b>Factors</b>	<b>VHR</b>	<b>HR</b>	<b>R</b>	<b>RWR</b>	<b>NR</b>	<b>NBJ</b>
	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	
<b>Motivation:</b> Genuineness and depth of interest for this profession						
<b>Intellectual Ability:</b> Ease of comprehension, originality, retention, depth of understanding						
<b>Maturity, Emotional Stability:</b> Ability to cope with life situations, performance under pressure, mood stability						
<b>Interpersonal Relations, Empathy:</b> Ability to get along with others, rapport, sensitivity to needs of others						
<b>Communication Skills:</b> Articulateness, clarity of expression						
<b>Perseverance, Application, Work Habits</b>						
<b>Judgment:</b> Common sense, decisiveness, ability to analyze problems						
<b>Reliability, Cooperation:</b> Dependability, responsibility, conscientiousness						
<b>Independence, Self-Reliance:</b> Ability to work alone, assuredness						

- OVERALL EVALUATION:    \_\_\_ Very highly recommended, Outstanding Candidate (5, top 5%)  
                                      \_\_\_ Highly recommended, Excellent candidate (4, upper 15%)  
                                      \_\_\_ Recommended, Good candidate (3, upper 30%)  
                                      \_\_\_ Recommended with reservation, Fair candidate (2, upper 50%)  
                                      \_\_\_ Not recommended, Poor candidate (1, lowest 50%)

I am unable to evaluate this applicant. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please email completed form to Dr. Anindya Ghosh ([axghosh@ualr.edu](mailto:axghosh@ualr.edu)), and Dr. Erin Flowers ([eefflowers@ualr.edu](mailto:eefflowers@ualr.edu)), or return to EIT Rm. 628, or mail to: DCSTEM, Dean’s Office, Pre-health Professional Committee, 2801 South University, EIT 628, Little Rock, AR 72204.**