

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 consists of two parts: a section for written comments and a checklist. The written comments are particularly important to the admission committees at various professional schools. Please provide as many comments as necessary to thoroughly evaluate this candidate. If you are unable to complete this form, please check the box next to your name on the back and return the form.

PART I: Please evaluate the student on the following, to the best of your ability: a) Duration and capacity of your relationship, b) Intellectual ability (perception, analytic skills, problem-solving), c) Communication skills, d) Resilience and maturity (emotional stability, independence, self-reliance), e) Judgment, reliability, and integrity (common sense, decisiveness, ethics), f) Interpersonal relations (empathy, cooperation, teamwork), g) Motivation and ability to complete the chosen program, and h) Cultural competence. Please use the blank space below to add the comments. **While we recommend following the points mentioned above, you may choose to write your comments as you see fit.**

Evaluation Form

PART II: Standards Used in Ranking are Listed Below

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

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.

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

Signature: _____

Date: _____

I am unable to evaluate this applicant (Click here if you are unable to evaluate the applicant).

****Please email completed form to Dr. Anindya Ghosh (axghosh@ualr.edu), and Dr. Erin Flowers (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.**