REQUEST FOR EVALUATION

EVALUATOR: ________________________________________________
______________________________________________
Department or Unit

I intend to apply for admission to optometry school and would like to have a recommendation from you. I hereby request that you furnish an evaluation for me.

_____________________________________
Student’s Printed Name

_____________________________________
Student’s Signature

DATE ______________

RELEASE OF RIGHTS TO SEE EVALUATION

_______ I do not waive my rights.

_______ I do hereby voluntarily waive all rights which I otherwise would be able to assert under the Family Educational Rights and Privacy Act of 1974 with respect to this evaluation. By such waiver I expressly consent to, and do hereby authorize, Southern Illinois University Carbondale, and any professional school to which Southern Illinois University Carbondale may hereafter forward this evaluation or its contents, to retain said evaluation or information in a strictly confidential manner, specifically to include withholding such from me and my family whenever I may request to see it or to be informed of its contents, and otherwise to deny me access to this evaluation once submitted by the evaluator.

_____________________________________
Student’s Printed Name

_____________________________________
Student’s Signature

DATE ______________

TO THE EVALUATOR: This evaluation form will be used by the Health Preprofessional Committee to prepare a comprehensive evaluation for the named student above. Your candid evaluation of the student’s strengths and weaknesses would be greatly appreciated. If the student has waived his or her rights to see the evaluation, it will remain strictly confidential.

Complete all three parts of the evaluation: 1.) Courses or other evaluative positions in which you know the student 2.) Checklist portion 3.) A separate letter, on letterhead. The composite checklist, letters of evaluation and the Health Preprofessional Committee summary of recommendations will be sent to the professional schools.

Note: This evaluation must not be hand-carried by the student, or it will not be accepted.
PREOPTOMETRY EVALUATION
Southern Illinois University at Carbondale

Evaluation of preoptometry student: ________________________________

(print student name)

Evaluation is based on
Frequent contact and personal acquaintance with student _____
Moderate contact with and knowledge of student _____
Infrequent contact with and limited knowledge of student _____

PART 1: Course(s) in which you have taught this student (or other evaluative position):

<table>
<thead>
<tr>
<th>Title</th>
<th>Grade</th>
<th>Rank (x/xx)</th>
<th>Do you consider this course</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Difficult</td>
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[☐] [☐] [☐]

PART 2: Checklist

Exceptional Better than Average Average Below Average No basis for evaluation

(Compared to other students in the course or group.)

PERSONALITY – Disposition, tact, courtesy, affability, poise
(Comments)

SENSITIVITY – Compassion, empathy, consideration
(Comments)

COOPERATION – Respect for authority, ability to work with others, tolerance
(Comments)

DILIGENCE – Industry, perseverance, genuine interest, dedication, conscientiousness
(Comments)

EMOTIONAL STABILITY – Self control, maturity, composure, receptiveness to criticism
(Comments)

INTELLECTUAL ABILITY – Depth of knowledge, judgment, logical thought, common sense, integration
(Comments)
Better No basis Exceptional than Average Average Below Average evaluation

SCIENTIFIC APTITUDE – Resourcefulness, independence, decisiveness, intellectual curiosity, motivation

(Comments)

INTEGRITY

(Comments)

CLEANLINESS

(Comments)

Does this student communicate well? If “no” explain

Yes No

Nature of any physical handicap that might affect the success of this candidate:

With appropriate training, would you accept this candidate as your personal optometrist? Yes No

PART 3: PLEASE PROVIDE ADDITIONAL COMMENTS ON SEPARATE LETTERHEAD THAT MIGHT BE HELPFUL IN EVALUATING THIS STUDENT’S POTENTIAL FOR AN OPTOMETRY CAREER.

Date Signature

Please return to: Gail Robinson
Health Professions Information Office
College of Science Advisement
Mailcode 4404
Southern Illinois University
Carbondale, IL 62901-4404