REQUEST FOR EVALUATION

EVALUATOR: ______________________________

Name______________________________

Printed Name_______________________

Department or Unit__________________

I intend to apply for admission to Physical Therapy 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 composite letter of evaluation for the student named 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. Please provide additional feedback about this student’s potential on separate letterhead. The Committee would like to have your permission to quote some of your remarks in the composite letter. Please mark the appropriate line below.

________ You may quote me.

________ You may not quote me.

Note: This evaluation must not be hand-carried by the student, or it will not be accepted.
Evaluation of Pre Physical therapy student: [print student’s 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):

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<th>Title</th>
<th>Grade</th>
<th>Rank (x/xx)</th>
<th>Do you consider this course</th>
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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)

**SCIENTIFIC APTITUDE** – Resourcefulness, independence, decisiveness, intellectual curiosity, motivation
(Comments)
**PROFESSIONALISM** – Exhibits appropriate Interpersonal behavior, preparation, and Personal responsibility either in or out of the classroom.

(Comments)

**INTEGRITY**

(Comments)

No reason to doubt  Doubtful

Does this student communicate well? If "no" explain  Yes  No

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With appropriate training, would you accept this candidate as your physical therapist?  Yes  No

**PART 3: PLEASE PROVIDE ADDITIONAL COMMENTS ON SEPARATE LETTERHEAD THAT MIGHT BE HELPFUL IN EVALUATING THIS STUDENT'S POTENTIAL FOR A CAREER IN PHYSICAL THERAPY.**

__________________________  _______________________
Date                        Signature

__________________________  _______________________
Department or Position

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

September 2017