REQUEST FOR EVALUATION

EVALUATOR: __________________________________________
__________________________________________
Department or Unit

I intend to apply for admission to podiatry 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 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. 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.
PREPODIATRY EVALUATION
Southern Illinois University at Carbondale

Evaluation of prepodiatry 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>
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<tbody>
<tr>
<td></td>
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<td></td>
<td>Difficult Average Easy</td>
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PART 2: Checklist

(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)
<table>
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<tr>
<th></th>
<th>Exceptional</th>
<th>Better than Average</th>
<th>Average</th>
<th>Below Average</th>
<th>No basis for evaluation</th>
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<tr>
<td><strong>SCIENTIFIC APTITUDE</strong> – Resourcefulness, independence, decisiveness, intellectual curiosity, motivation</td>
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<td>(Comments)</td>
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<td><strong>INTEGRITY</strong></td>
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<td>No reason to doubt</td>
<td>Doubtful</td>
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<td><strong>CLEANLINESS</strong> Acceptable</td>
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<td>Acceptable</td>
<td>Not Acceptable</td>
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<td>(Comments)</td>
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<td>Does this student communicate well? If &quot;no&quot; explain</td>
<td>Yes</td>
<td>No</td>
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<td>Nature of any physical handicap that might affect the success of this candidate:</td>
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<td>With appropriate training, would you accept this candidate as your personal podiatrist?</td>
<td>Yes</td>
<td>No</td>
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**PART 3: PLEASE PROVIDE ADDITIONAL COMMENTS ON SEPARATE LETTERHEAD THAT MIGHT BE HELPFUL IN EVALUATING THIS STUDENT’S POTENTIAL FOR A MEDICAL CAREER.**

________________________________________

Date

________________________________________

Signature

________________________________________

Department or Position

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