REQUEST FOR EVALUATION

EVALUATOR: Name______________________________

Printed Name______________________________

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: 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.
Evaluation of Pre Podiatry 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):

<table>
<thead>
<tr>
<th>Title</th>
<th>Grade</th>
<th>Rank (x/xx)</th>
<th>Do you consider this course</th>
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<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)
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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></td>
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<td>– Resourcefulness,</td>
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<td>independence, decisiveness, intellectual curiosity, motivation</td>
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<td>(Comments)</td>
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<td><strong>PROFESSIONALISM</strong></td>
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<td>– Exhibits appropriate</td>
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<td>Interpersonal behavior, preparation, and Personal responsibility either in or out of the classroom.</td>
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<td>(Comments)</td>
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<td><strong>INTEGRITY</strong></td>
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<td>(Comments)</td>
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Does this student communicate well? If "no" explain

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<th>Yes</th>
<th>No</th>
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With appropriate training, would you accept this candidate as your personal podiatrist?

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<th>Yes</th>
<th>No</th>
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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:
Health Professions Information Office
College of Science Advisement
Mail Code 4404
Southern Illinois University
Carbondale, IL 62901-4404

September 2017