HEALTH PROFESSIONS PRELIMINIARY EVALUATION FORM

KUTZTOWN UNIVERSITY OF PENNSYLVANIA

APPLICANT NAME:

(please print or type)

LOCALADDRESSES:

PHONE NUMBER:

**RIGHT TO ACCESS/WAIVER:**

Public Law 93-3.80, Education Amendments Act of 1974, grants students and graduates the right of access to letters of

recommendation. The opportunity to waive this right is also provided.

Please check one: I do waive right of access to this evaluation and composite letter of recommendation.

 I do not waive right of access to this evaluation and composite letter of recommendation.

Signature of Applicant Date

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To the Evaluator:

The number of students who apply to medical schools, dental schools, and veterinary schools has increased tremendously in recent years. With the intent of streamlining the processing of applicants, most health professional schools require a composite letter of recommendation from undergraduate university/college faculty. The Pre-professional Health Careers Committee of Kutztown University functions to screen all potential health professional school candidates, accumulate pertinent information concerning each student applicant, to develop a composite letter of recommendation, and to forward the letter to health professional schools upon request by the student.

The above named student is applying for admission to (medical, dental, veterinary) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ school and has given your name as a reference. The Pre-professional Health Careers Committee would appreciate your frank opinion of this student on the attached form. All health profession schools are inclined to select those individuals whose accomplishments, personal attributes, and abilities indicate that they have the greatest potential for health career training and practice. Therefore, we ask you to provide a thoughtful and candid appraisal of the applicant in relation to other students that you have known at Kutztown University. PLEASE NOTE that the Pre-professional Health Careers Committee may extract verbatim statements from your narrative comments and include them in the composite letter of recommendation; you will not be identified in the letter.

The evaluation form consists of a section to check responses, a narrative comments section, and a summary evaluation

section. Please complete all sections and return by **Feb 28th**. Electronic submissions (MSWord) are preferred (to stone@kutztown.edu; cc aruscava@kutztown.edu). Please return the signed student waiver as a hardcopy or scanned electronic copy.

**Dr. Matthew Stone**

**Co-Chair, Pre-Professional/Health Careers Committee**

**Kutztown University**

**PO Box 730**

**Kutztown, PA 19530**

**484-646-5844**

HEALTH PROFESSIONS PRELIMINIARY EVALUATION FORM

KUTZTOWN UNIVERSITY OF PENNSYLVANIA

LETTER OF EVALUATION

Name of Applicant:

In what capacity have you been associated with the applicant (check all that apply)?

Instructor in lecture Instructor in laboratory Seminar

Academic Advisor On a social basis Other (please describe)

How well do you know the applicant? Very well Fairly well Slightly Not Well

What would be your attitude toward having this applicant in a responsible position under your direction?

Definitely would want him/her Would prefer NOT to have him/her

Would want him/her Definitely would NOT want him/her

Would be satisfied with him/her Unable to judge

**CHECK APPROPRIATE RESPONSES ABOUT THE CANDIDATE·**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| FACTORS | OUTSTANDING TOP 5% | EXCELLENTNEXT 10% | VERY GOODNEXT 20% | GOODNEXT 40% | FAIR NEXT 20% | POORBOTTOM 5% | NO BASISFOR JUDGEMENT |
| MOTIVATION FOR MEDICINE:genuineness and depth of commitment |  |  |  |  |  |  |  |
| MATURITY: personalDevelopment, ability to cope with life situations |  |  |  |  |  |  |  |
| EMOTIONAL STABILITY:Performance under pressure, mood, stability |  |  |  |  |  |  |  |
| INTERPERSONAL RELATIONS: ability to get along with others, rapport, cooperation, attitudes toward supervision |  |  |  |  |  |  |  |
| EMPATHY: sensitivity to needs of others, tact, consideration |  |  |  |  |  |  |  |
| JUDGEMENT : ability to analyze a problem, common sense, decisiveness |  |  |  |  |  |  |  |
| RESOURCEFULNESS: originality, skillful management of available resources |  |  |  |  |  |  |  |
| RELIABILITY: dependability, sense of responsibility, promptness, conscientiousness |  |  |  |  |  |  |  |
| COMMUNICATION SKILLS: written and oral expression, articulateness |  |  |  |  |  |  |  |
| PERSEVERENCE:Stamina, endurance |  |  |  |  |  |  |  |
| SELF CONFIDENCE: assuredness, capacity to achieve with awareness of own strengths and weaknesses |  |  |  |  |  |  |  |
| Medical Experience:Knowledge and/or experience in their desired profession |  |  |  |  |  |  |  |

Name of Applicant:

NARRATIVE COMMENTS: Please comment, using specific examples, on academic ability, personal attributes, honors, extra-curricular activities, and employment. Feel free to use a separate paper. Please note that your comments may be used verbatim in the composite letter sent to health professional schools.

Please check your overall evaluation of the applicant for health professional school:

Outstanding candidate \_\_\_\_\_ Good candidate \_\_\_\_\_

Excellent candidate \_\_\_\_\_ Fair candidate \_\_\_\_\_

Very good candidate \_\_\_\_\_ Poor candidate \_\_\_\_\_

Reviewer’s name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School/Affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_