

Please Type or Print Legibly

 Evaluator's Name Title Agency/Institution

 Phone or Email Association with Applicant

Interaction with or observation of applicant: Daily Frequent/Consistent Infrequent/Temporary
 Are you willing to further discuss the applicant's qualifications? Yes No

Directions

1. Please rate the applicant based on your interactions and observations with/of him or her.
2. Please include comments at the end of this form. You may attach additional sheets or letters as well.

4 = Outstanding 3 = Above Average 2 = Average 1 = Below Average N = No Basis for Judgement

	4	3	2	1	N		4	3	2	1	N
Intellectual Ability						Leadership					
Interest in Learning						Interpersonal Relations					
Motivation for Health Profession						Self Confidence					
Oral Communication						Judgment					
Written Communication						Maturity					
Perseverance						Emotional Stability					
Reliability						Empathy					
Initiative						Overall Evaluation					

Have you ever had cause to question this student's ethical standard? No Yes

If yes, please comment - _____

Would you hire this applicant as a Medical Laboratory Scientist? Yes _____ No _____ (If no, please comment below)

Comments: This section is important to the applicants. It would be helpful if you would comment on the circumstances under which you have been acquainted with the applicant, your ratings above, any particular attributes or deficiencies you have observed, and especially the applicants suitability for the profession in which he/she has expressed an interest. Please print or attach your own letter if you prefer.

Comments: _____

 Evaluator's Signature

 Date