**To the Applicant**: Please fill out the information below before submitting it to your evaluator. **Please print neatly or type**.

Applicant Name: U#:

 First Middle/Maiden Last

I have **waived/retained** my right to view this document.

 *CIRCLE ONE* **Signature Date**

**To the Evaluator**: This form will be photocopied. For clarity’s sake, **please print neatly or type**.

Name: Rank/Title:

Institution/Dept. Phone:

Address: Street City State Zip

**Please rate the above applicant according to the scale below:**

**1=*OUTSTANDING* 2=*ABOVE AVERAGE* 3=*AVERAGE* 4=*BELOW AVERAGE* N/A=*NO BASIS TO JUDGE***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Attribute** | **1** | **2** | **3** | **4** | **N/A** | **Attribute** | **1** | **2** | **3** | **4** | **N/A** |
| Intellectual Ability |  |  |  |  |  | Leadership |  |  |  |  |  |
| Interest in Learning |  |  |  |  |  | Interpersonal Relations |  |  |  |  |  |
| Motivation for Health Profession |  |  |  |  |  | Self Confidence |  |  |  |  |  |
| Oral Communication |  |  |  |  |  | Judgement |  |  |  |  |  |
| Written Communication |  |  |  |  |  | Maturity |  |  |  |  |  |
| Perseverance |  |  |  |  |  | Emotional Stability |  |  |  |  |  |
| Reliability |  |  |  |  |  | Empathy |  |  |  |  |  |
| Initiative |  |  |  |  |  | OVERALL EVALUATION |  |  |  |  |  |

In what capacity have you been associated with this student?

**Instructor**  **Employer Other – please comment:**

How well do you know this student? **Very Well Fairly Well Slightly**

Have you ever had cause to question this student’s ethical standards?

If yes, please elaborate.

Additional comments are extremely useful in the evaluation process. 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 applicant’s suitability for the profession in which s/he has expressed interest. Please type your comments below or attach a **signed and dated letter, on letterhead. Please do not write on the back**.

# Signature Date

Thank you for taking the time to help this student in the professional school application process.

If you have any questions, please contact the Medical Technology program at 813-974-3250.

This form, along with any attachments, should be returned to the following address: **Kaelah Scheff**

**Attn: Medical Technology Letters, University of South Florida, 4202 E. Fowler Ave., CHE 205, Tampa, FL 33620.**