

STUDENT PERFORMANCE EVALUATION FOR MEDICAL/PROFESSIONAL SCHOOL

This student has waived right of access to this evaluation

*Student must complete the top portion (blue boxes)

This student has retained right of access to this evaluation

NAME OF STUDENT:

MAJOR:

STUDENT NUMBER:

G.P.A.:

NAME OF EVALUATOR:

DEPARTMENT/
ORGANIZATION:

TO THE PERSON PROVIDING THE EVALUATION: The Health Professions Committee will use your Performance Evaluation and Letter of Recommendation, together with other Performance Evaluations received for this student, to prepare a composite letter of evaluation to be submitted to health profession schools to which the applicant applies. The Committee appreciates your candid evaluation of the student's strengths and weaknesses. The Committee's final letter of evaluation will summarize the rankings and include narratives from all the letters of recommendation received for this student. ***Please attach a letter (on official letterhead) to this Performance Evaluation sheet if you want it to be included in the evaluation packet that will be reviewed by medical school admissions committees.*** Your fair and honest input serves a vital role in evaluating this applicant's suitability for the medical profession. *Please email your completed form and recommendation letter to: Dr. Carolyn Zanta (czanta@clarkson.edu). If unable to email, mail to: 211 Snell Hall (Main Office: Arts & Sciences Deans Office), Box 5800, Clarkson University, Potsdam, NY 13699.*

I. Compared with other students you have known, please rate the applicant on the following qualities (please check one box for each item):

	Top 1-2%	2 - 10%	10 - 25%	25 - 50%	No Basis for Judgement
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industriousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships With Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication-Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for a Health Profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Under what circumstances have you been associated with this student?

<input type="checkbox"/> Lecture class	<input type="checkbox"/> Research supervisor	<input type="checkbox"/> Socially
<input type="checkbox"/> Laboratory class	<input type="checkbox"/> Academic advisor	<input type="checkbox"/> Other: <input type="text"/>
<input type="checkbox"/> Discussion class	<input type="checkbox"/> Campus organization	<input type="text"/>

III. How well do you know the student?

Very well Moderately well Slightly

IV. Please summarize your recommendation of this applicant by choosing one of the following statements:

Outstanding: indicates that I feel that this applicant is an outstanding candidate for medical school, is likely to excel in this program, is capable of performing at the honors level, and has the capacity to become an outstanding physician. This category is reserved for only the best of the best students (top 2% of all students).

Excellent: indicates that I feel that this applicant is an excellent candidate for medical school. I expect that this applicant should do very well in medical school and has the capacity to become an excellent physician.

Good: indicates that I feel that this applicant is a good candidate for medical school. I believe this applicant can succeed in medical school with persistence and extra work and has the capacity to become a good physician.

Reservations: indicates that I have reservations about this applicant. I believe this applicant is likely to experience problems in medical school and/or as a physician. (Please explain on next page.)

Not Recommended: (Please explain on next page.)

PLEASE SEE THE NEXT PAGE

- V. The Clarkson Health Professions Committee sends pdfs of all recommendation letters to the schools to which the student is applying. Thus, we prefer to receive an electronic version of your letter (.doc or .pdf) prepared on official letterhead and signed. Please email your letter to Dr. Carolyn Zanta, Chairperson of the Clarkson Health Professions Committee (czanta@clarkson.edu). Email or call 315.268.3968 with questions.

In your letter, please comment on the suitability of the candidate for medical school. Elaborate on any of your preceding checklist ratings. If possible, comment on the student's special achievements in areas academic or otherwise. Please comment also on the student's potential for achievement which has not yet been realized, and on possible weaknesses or limitations. Medical schools want your assessment of the student's character and ability to interact with people, not just an academic evaluation, in helping them to decide if this applicant should become a doctor.

If you are unable to email an electronic version of your letter or prefer to handwrite brief comments on the student, please send this printed copy to:

Carolyn A. Zanta, Ph.D.
Arts & Sciences Deans' Office
Clarkson University
8 Clarkson Avenue, Box 5800
Potsdam, NY 13699

Signature (may be a digital signature):

Date:

Address: