

Student Evaluation Form

Evaluators please return both pages to:
Office of Pre-Health Professions Advising
F.I.U. Modesto A. Maidique Campus, ECS 450

Applicant Instructions: Please fill out the information below (page 1 only) before submitting it to your evaluator to complete.

Applicant Name: _____ **Panther ID #:** _____

Email Address: _____

Home/Cellular Phone Number: _____

Major: _____ **Intended Area of Study:** _____

I hereby waive my right of access to this evaluation form, under the Family Educational Rights and Privacy Act of 1974, as amended, 20 USC, Section 1232g and 228.093 Florida Statutes. I understand the signing of this statement is optional.

Applicant Signature _____ **Date** _____

Directions to Evaluator for Completing this Form

The applicant named on this form has requested an evaluation for the Pre-Professional Advisement and Evaluation Committee (PPAEC). They are preparing to apply to professional school. One of the most important elements on which the Committee bases its judgment of this applicant is the information supplied by their faculty evaluators. We are, therefore, asking that you carefully complete this evaluation form and return it promptly to the address above.

Using as the standard for comparison, **all other applicants/students you have taught at F.I.U.**, please rate this applicant by placing an "X" in the box beneath the appropriate rating for each characteristic listed. We ask that you keep your X's within the individual boxes, as the data from these sections will be compiled and summarized. If all boxes for a particular characteristic are left blank, it will be assumed that you were unable to assess which may **NOT** have been your intent.

In order to establish uniformity for an interpretation of the ratings, the following definitions should be used:

- a) **ABOVE AVERAGE** reflects a classroom performance of a **"B"**
- b) **EXCELLENT** reflects a consistently high level of performance or ability. For coursework, this would be equivalent to an **"A"**
- c) **SUPERIOR is to be reserved for attainment that is truly exceptional.**

Any rating at this **SUPERIOR** level **must** be justified by appropriate comments for each superior rating given.

You may also use the Comments Section to clarify or broaden any of your ratings, and to deal with matters NOT otherwise covered in this form. You may wish to address some additional questions, such as: does the academic performance of this person reflect his/her potential? Is this person genuinely motivated toward his/her career? Is the career chosen by the applicant appropriate?

Your comments will be typed with your name and sent to the professional schools. If you wish, you may attach a separate letter on letterhead. This letter will then be digitized and sent by the Committee along with the evaluation packet.

Applicant Name: _____ Panther ID #: _____

Evaluator's Name: _____ Department: _____

Evaluator's Email Address and Extension: _____

List course(s) taught to this applicant: _____

Semester(s) taught: _____ Grade received: _____ Class Ranking: _____ out of _____

How well do you know this applicant? Very Well _____ Fairly Well _____ Slightly _____ Not at all _____

***If you assign a **Superior** rating in any category please **clearly justify** your classification.

1. ACADEMIC	Superior Top 2%	Excellent 'A' Top 10%	Above Average 'B' Top 25%	Average Top 55%	Poor < 45%	Unable to Assess
A. Ability to learn and intellectual potential						
B. Application and perseverance						
C. Quality of academic work produced						
D. Effectiveness in written communication						
E. Effectiveness in oral communications						
F. Ability to think originally and creatively						
G. Manual dexterity						
H. Depth of knowledge						

2. PERSONAL	Superior Top 2%	Excellent Top 10%	Above Average Top 25%	Average Top 55%	Poor < 45%	Unable to Assess
A. Maturity						
B. Motivation						
C. Sense of responsibility						
D. Reaction to Criticism						
E. Concern for others						
F. Dependability						
G. Ability to get along with others						
H. Common sense and good judgment						

Have you ever had cause to question this applicant's ethical standards? _____ If yes, please elaborate.

Additional comments are extremely useful in the evaluation process. Besides justifying any **SUPERIOR** marks you have given, please comment on 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 include your comments below or attach a signed and dated letter, on letterhead.

Comments will be typed with your name and sent to professional schools, and any letters on letterhead will be digitized and sent along with the Committee evaluation packet.

COMMENTS:

Evaluator Signature _____ Date _____

BE SURE to SIGN and DATE the form and return both pages to:
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