

REQUEST FOR EVALUATION

EVALUATOR: _____

Department or Unit

I intend to apply for admission to **optometry** school and would like to have a recommendation from you. I hereby request that you furnish an evaluation for me.

Student's Printed Name

Student's Signature

DATE

RELEASE OF RIGHTS TO SEE EVALUATION

_____ I do not waive my rights.

_____ I do hereby voluntarily waive all rights which I otherwise would be able to assert under the Family Educational Rights and Privacy Act of 1974 with respect to this evaluation. By such waiver I expressly consent to, and do hereby authorize, Southern Illinois University Carbondale, and any professional school to which Southern Illinois University Carbondale may hereafter forward this evaluation or its contents, to retain said evaluation or information in a strictly confidential manner, specifically to include withholding such from me and my family whenever I may request to see it or to be informed of its contents, and otherwise to deny me access to this evaluation once submitted by the evaluator.

Student's Printed Name

Student's Signature

DATE

TO THE EVALUATOR: This evaluation form will be used by the Health Preprofessional Committee to prepare a composite letter of evaluation for the named student above. Your candid evaluation of the student's strengths and weaknesses would be greatly appreciated. If the student has waived his or her rights to see the evaluation, it will remain strictly confidential.

Complete all three parts of the evaluation. Please provide additional feedback about this student's potential on separate letterhead. The Committee would like to have your permission to quote some of your remarks in the composite letter. Please mark the appropriate line below.

_____ You may quote me.

_____ You may not quote me.

Note: This evaluation must not be hand-carried by the student, or it will not be accepted.

PREOPTOMETRY EVALUATION
Southern Illinois University at Carbondale

Evaluation of preoptometry student: _____
 (print student name)

Evaluation is based on
 Frequent contact and personal acquaintance with student _____
 Moderate contact with and knowledge of student _____
 Infrequent contact with and limited knowledge of student _____

PART 1: Course(s) in which you have taught this student (or other evaluative position):

Title	Grade	Rank (x/xx)	Do you consider this course		
			Difficult	Average	Easy
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 2: Checklist	Exceptional	Better than Average	Average	Below Average	No basis for evaluation
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(Compared to other students in the course or group.)

PERSONALITY – Disposition, tact, courtesy, affability, poise (Comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SENSITIVITY – Compassion, empathy, consideration (Comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COOPERATION – Respect for authority, ability to work with others, tolerance (Comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DILIGENCE – Industry, perseverance, genuine interest, dedication, conscientiousness (Comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMOTIONAL STABILITY – Self control, maturity, composure, receptiveness to criticism (Comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTELLECTUAL ABILITY – Depth of knowledge, judgment, logical thought, common sense, integration (Comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Exceptional	Better than Average	Average	Below Average	No basis for evaluation
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SCIENTIFIC APTITUDE – Resourcefulness, independence, decisiveness, intellectual curiosity, motivation

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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(Comments)

INTEGRITY

<input type="checkbox"/>	No reason to doubt	<input type="checkbox"/>	Doubtful
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(Comments)

CLEANLINESS

<input type="checkbox"/>	Acceptable	<input type="checkbox"/>	Not Acceptable
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(Comments)

Does this student communicate well? If "no" explain

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Nature of any physical handicap that might affect the success of this candidate:

With appropriate training, would you accept this candidate as your personal optometrist? Yes No

PART 3: PLEASE PROVIDE ADDITIONAL COMMENTS ON SEPARATE LETTERHEAD THAT MIGHT BE HELPFUL IN EVALUATING THIS STUDENT'S POTENTIAL FOR AN OPTOMETRY CAREER.

Date

Signature

Department or Position

**Please return to: Gail Robinson
Health Professions Information Office
College of Science Advisement
Mailcode 4404
Southern Illinois University
Carbondale, IL 62901-4404**