

REQUEST FOR EVALUATION

EVALUATOR: _____

Department or Unit

I intend to apply for admission to **dental** 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 comprehensive 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: 1.) Courses or other evaluative positions in which you know the student 2.) Checklist portion 3.) A separate letter, **on letter head**. The composite checklist, letters of evaluation and the Health Preprofessional Committee summary of recommendations will be sent to the professional schools.

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

PREDENTAL EVALUATION

Southern Illinois University at Carbondale

Evaluation of predental 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

	Superior	Above Average	Average	Below Average	No Basis for Evaluation
(Compared to other students in the course or group.)					
PERSONALITY – Maturity, Disposition, Poise (Comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL APPEARANCE – Cleanliness, Appropriateness of Dress (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"/>
INDUSTRIOUSNESS – Perseverance, Genuine Interest, Conscientiousness (Comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTELLECTUAL ABILITY – Depth of Knowledge, Integration of Knowledge, Logical Thought (Comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCIENTIFIC APTITUDE – Intellectual Curiosity, Resourcefulness, Independence (Comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Superior	Above Average	Average	Below Average	No Basis for Evaluation
COMPETENCE IN LABORATORY WORK (Comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MANUAL DEXTERITY (Comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSE TO CONSTRUCTIVE CRITICISM (Comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION SKILLS – Self-expression, Clarity					
ORAL (person to person) (Comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITTEN (Comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you doubt this student's integrity? If yes, please comment. Yes No

Do you know of any physical or psychological factors that might influence his/her academic performance or skill as a dentist? Yes No

PART 3: PLEASE PROVIDE ADDITIONAL COMMENTS ON SEPARATE LETTERHEAD THAT MIGHT BE HELPFUL IN EVALUATING THIS STUDENT'S POTENTIAL FOR A DENTAL 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**