

PERFORMANCE EVALUATION FOR ADMISSION TO DENTAL SCHOOL

This student has waived right of access to this evaluation []

This student has retained right of access to this evaluation []

NAME OF STUDENT: _____
(please print)

MAJOR: _____

STUDENT NUMBER: _____

G.P.A.: _____

NAME OF EVALUATOR: _____
(please print)

DEPT: _____

TO THE PERSON PROVIDING THE EVALUATION: The Health Professions Committee will use this Performance Evaluation, together with other performance evaluations received for the above-named student, to prepare a composite letter of evaluation to be submitted to dental schools to which the applicant applies. The Committee would appreciate your candid evaluation of the student's strengths and weaknesses. The Committee's letter of evaluation will summarize the rankings and include narratives from all the performance evaluations received for this student. Your comments or **full letter if you wish to write one on letterhead** will be included in the evaluation packet and will be reviewed by dental school admissions committees. Your fair and honest input serves a vital role in evaluating this applicant's suitability for the medical profession. *Please fill out this form completely and return to: Dr. Craig Woodworth, Box 5805, Biology Department, 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):

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
INTELLECTUAL ABILITY					
INDUSTRIOUSNESS					
RELATIONS WITH OTHERS					
COMMUNICATION SKILLS					
MATURITY					
MOTIVATION FOR DENTISTRY					

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

Lecture class Research supervisor Socially
 Laboratory class Academic advisor Other _____
 Discussion class Campus organization _____

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 dental school, is likely to excel in this program, is capable of performing at the honors level, and has the capacity to become an outstanding dentist. This category is reserved for only the best of the best students.
- _____ **Excellent:** indicates that I feel that this applicant is an excellent candidate for dental school, and I expect that this applicant should do very well in dental school and has the capacity to become an excellent dentist.
- _____ **Good:** indicates that I feel that this applicant is a good candidate for dental school. This means that I believe this applicant can succeed in dental school and has the capacity to become a good dentist.
- _____ **Reservations:** indicates that I have reservations about this applicant. This means that I believe this applicant will experience problems in dental school and/or as a dentist. (Please explain)
- _____ **Not Recommended:** (Please explain.)

PLEASE COMPLETE OTHER SIDE OF FORM

- V. Please comment on the suitability of the candidate for dental school. Elaborate on any of your preceding check list 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. Dental 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 dentist. If you would like to write a letter to be included with our evaluation please do so on LETTERHEAD.

VI. Signature _____ Date _____
Position _____ Department _____