

## PERFORMANCE EVALUATION FOR ADMISSION TO MEDICAL 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 Medical 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 Medical 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 MEDICINE					

**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 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.

\_\_\_\_\_ **Excellent:** indicates that I feel that this applicant is an excellent candidate for Medical School, and 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. This means that I believe this applicant can succeed in Medical School and has the capacity to become a good physician.

\_\_\_\_\_ **Reservations:** indicates that I have reservations about this applicant. This means that I believe this applicant will experience problems in Medical School and/or as a physician. (Please explain)

\_\_\_\_\_ **Not Recommended:** (Please explain.)

**\*PLEASE COMPLETE OTHER SIDE OF FORM\***

- V. Please comment on the suitability of the candidate for Medical 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. 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 physician. If you would like to write a letter to be included with our evaluation please do so on LETTERHEAD.

VI. Signature \_\_\_\_\_ Date \_\_\_\_\_  
Position \_\_\_\_\_ Department \_\_\_\_\_