

LETTER OF EVALUATION

Name of Student _____

Student ID# _____

The student named above is applying for admission to the **University of Tennessee Medical Center Clinical Laboratory Science Program**. By providing you with this form, he/she authorizes you to provide the information requested below for submittal to the UT Medical Center CLS Program.

In considering applicants, the Admissions Committee depends very much on the evaluation of the applicants supplied by faculty members. Since the number of qualified applicants far exceeds the number of class positions available, the committee is anxious to select those individuals whose accomplishments, personal attributes, and abilities indicate that they have the greatest potential for professional training and practice. Therefore, we ask you to provide a thoughtful and completely frank appraisal of the applicant in relation to other pre-health professional students you have known at this institution. If you do not know the applicant well enough to complete this form, please notify him/her and return the form directly to the address on the reverse side.

This form includes a section in which to check responses, a narrative comments portion, and a summary evaluation question. Please complete each.

1. In what capacity have you been associated with the student?
 - A. Instruction: Lecture ___ Laboratory ___ Seminar ___
Specify courses(s) _____
 - B. ___ Academic Advising
 - C. ___ Socially
 - D. ___ Other (Please specify) _____
 - E. ___ Not Acquainted
2. How well do you know the applicant?
 - A. ___ Very Well
 - B. ___ Fairly Well
 - C. ___ Only Slightly
 - D. ___ Not At All
3. How long have you known the applicant? _____
4. Please indicate below with a mark (X) your opinion of this applicant's position on that factor relative to other students at this institution.

CONFIDENTIAL - NOTE: This student has waived all future privilege to view his/her evaluation file. You are of course, free to discuss your evaluation with the applicant.

FACTORS	NO BASIS FOR COMMENT	OUTSTANDING Top 5%	EXCELLENT Next 10%	VERY GOOD Next 20%	GOOD Next 40%	FAIR Next 20%	POOR Bottom 5%
PROFESSIONAL MOTIVATION: genuineness and depth of commitment							
MATURITY: personal development, ability to cope with life situations							
EMOTIONAL STABILITY: performance under pressure, mood stability, consistency in ability to relate to others							
INTERPERSONAL RELATIONS: ability to get along with others, rapport, cooperation, attitudes toward supervision							
EMPATHY: sensitivity to needs of others, consideration, tact							
JUDGMENT: ability to analyze a problem, common sense, decisiveness							
RESOURCEFULNESS: originality, skillful management of available resources							
RELIABILITY: dependability, sense of responsibility, promptness, conscientiousness							
COMMUNICATION SKILLS: clarity of expression, articulateness							
PERSEVERANCE: stamina, endurance							
SELF CONFIDENCE: assuredness, capacity to achieve with awareness of own strengths and weaknesses							

GUIDELINES FOR NARRATIVE COMMENTS ON APPLICANTS

Use guidelines below for completing the narrative portion of the evaluation.

The following has been suggested by admissions committee members as the kind of information they would like to have included in narrative comments on each applicant. Please compare this applicant primarily with applicants from this institution. We expect you to comment only on those areas of which you have personal knowledge, recognizing that your knowledge may not extend to all areas indicated below.

1. **Personal attributes:** Please emphasize assets and liabilities, particularly those qualities which would indicate special promise or potential problems for professional education or practice. Description of the applicant's actions in particular situations would help to clarify your appraisal.
2. **Academic achievement:** Since transcripts are available, comments should amplify, not reiterate, the information on the applicant's academic record, including the following.
 - A. Academic achievement relative to others.
 - B. Consistency of performance.
 - C. Extenuating circumstances which might account for atypical grade(s) or course load(s).
 - D. Degree of strenuousness of class(es), e.g., honor section(s), senior seminar(s), etc.
 - E. Unusual academic undertakings, independent or foreign study, College Scholars program, special research or writings, etc.
3. **Employment, extracurricular or avocational activities:** Since these are included on the application, mention them only if you can elaborate meaningfully on them. Any activities which indicate motivation for the profession or concern for others are of special interest. If involvement was extensive, what was the effect on academic achievement?
4. **Honors received, academic or nonacademic:** Specify the competition or degree of selectivity of such awards, e.g., how many were awarded and in what student population?

NARRATIVE COMMENTS: (Include extra pages or use letterhead if you wish)

Please check your overall evaluation of the applicant for professional school.

- | | |
|--|--|
| A. <input type="checkbox"/> Outstanding Candidate (Top 5%) | E. <input type="checkbox"/> Fair Candidate (Next 20%) |
| B. <input type="checkbox"/> Excellent Candidate (Next 10%) | F. <input type="checkbox"/> Poor Candidate (Bottom 5%) |
| C. <input type="checkbox"/> Very Good Candidate (Next 20%) | G. <input type="checkbox"/> No Basis for Comment |
| D. <input type="checkbox"/> Good Candidate (Next 40%) | |

Name (Print) _____ Title _____

Instructor Signature _____ Department _____

Faculty Signature _____

(If evaluation completed by Graduate Teaching Assistant/Associate)

Date _____

Please return promptly to:
Sharon Wierwille, MS, MLS(ASCP)
CLS Program Director
University of Tennessee Medical Center
1924 Alcoa Highway
Knoxville, TN 37920-6999
swierwille@utmck.edu