



To be completed by applicant (Please print or type) Name of Applicant:

First Name

MI

Last Name

To be completed by recommender:

Relative to persons of similar background, training, and professional interests, how would you rate this applicant for each of the following characteristics? Please place an X under the rating column which best describes the applicant.

| CHARACTERISTICS EVALUATED | UPPER 10% | UPPER 25% | UPPER 50% | LOWER 50% | NO BASIS FOR JUDGMENT |
|---|-----------|-----------|-----------|-----------|-----------------------|
| Academic ability | | | | | |
| Quality of work | | | | | |
| Written communication skills | | | | | |
| Oral communication skills | | | | | |
| Leadership skills | | | | | |
| Industriousness and perseverance | | | | | |
| Initiative and motivation | | | | | |
| Assertiveness | | | | | |
| Cooperatives | | | | | |
| Ability to organize and manage time | | | | | |
| Ability to work with supervisors | | | | | |
| Ability to work with patients | | | | | |
| Dependability | | | | | |
| Resourcefulness and originality | | | | | |
| Willingness to accept constructive criticism | | | | | |
| Personal appearance and professional demeanor | | | | | |
| Commitment to professional practice | | | | | |
| Emotional stability and maturity | | | | | |
| Enthusiasm | | | | | |
| Integrity | | | | | |

Please attach this form to your letter of recommendation.