



School of Science and Technology
Health Professions Advisory Program
Evaluation Form

Student Applicant Instructions: This evaluation form should be given to an individual able to comment on your qualifications for your area of your interest. Examples would be academic instructors, research advisors, employers, health care professionals, people who have supervised you as a volunteer, etc. Please remember to give your evaluator sufficient time to complete this form (at least 3 weeks). The evaluator should submit the letter directly to Dr. Joseph Lin (linj@sonoma.edu). Alternatively, the form can be mailed to:

Dr. Joseph Lin
Health Professions Advisory Program
Department of Biology
Sonoma State University
1801 E. Cotati Avenue
Rohnert Park, CA 94928

Name of Applicant: _____

Telephone: _____ Email: _____

Applicant's Intended Health Profession: _____

Under the Family Educational Rights and Privacy Act of 1974 (Public law 93-280, also known as the Buckley Amendment), students are entitled to review their records, including letters of recommendation. However, those writing or assessing recommendations may attach more significance to them if it is known that the recommendation will remain confidential. It is your choice to waive or not to waive your right of access to this recommendation. Please mark the appropriate phrase below, indicating your choice, and sign your name before you give this form to your evaluator.

I waive my right to review this evaluation

I do not waive my right to review this evaluation

Applicant's Signature and Date

Evaluator Instructions: Please fill out the following form. Evaluations are used by the Health Professions Advisory Committee (HPAC) to prepare composite letters of recommendation for health professions programs.

May we quote you using your name in a composite letter? _____

In what capacity have you been associated with the student? (Select all that apply)

- _____ Instructor; List course(s) _____
- _____ Academic Advisor
- _____ Research Mentor
- _____ Employer/Supervisor
- _____ Other (specify) _____

How long have you known the applicant? _____ <1 yr _____ 1-3 yrs _____ 3-5 yrs _____ >5 years

How well do you know the applicant? _____ Very well _____ Fairly well _____ Slightly

	Extraordinary (Top 1%)	Outstanding (Top 5%)	Excellent (Top 10%)	Very good (Top 25%)	Good (Top 50%)	No basis for judgment
Motivation:	_____	_____	_____	_____	_____	_____
Maturity:	_____	_____	_____	_____	_____	_____
Emotional Stability:	_____	_____	_____	_____	_____	_____
Interpersonal Relations:	_____	_____	_____	_____	_____	_____
Empathy:	_____	_____	_____	_____	_____	_____
Judgment:	_____	_____	_____	_____	_____	_____
Resourcefulness:	_____	_____	_____	_____	_____	_____
Reliability:	_____	_____	_____	_____	_____	_____
Communication:	_____	_____	_____	_____	_____	_____
Perseverance:	_____	_____	_____	_____	_____	_____
Self-Confidence:	_____	_____	_____	_____	_____	_____

Evaluation Letter: Please attach a letter on institutional letterhead, assessing the applicant's suitability for his/her chosen field of study. Expand upon and/or clarify any of the ratings given above which you believe would be relevant to consideration of this applicant.

	Extraordinary (Top 1%)	Outstanding (Top 5%)	Excellent (Top 10%)	Very good (Top 25%)	Good (Top 50%)
Overall Assessment:	_____	_____	_____	_____	_____

Name of Evaluator: _____

Title: _____ Organization: _____

Address: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____