**CLINICAL AND DIAGNOSTIC SCIENCES**

**APPLICANT RECOMMENDATION/EVALUATION FORM**

STUDENT’S NAME: \_

(Forms that are not completely filled out, and legible, may interfere with your internship.)

* I waive my right to access this form. I do **NOT** waive my right to access this form.

Applicant’s Signature:\_ \_ Date: \_

EVALUATOR'S NAME:

 DATE: \_

(Name of person giving evaluation on above line)

The above candidate is being considered for a highly technical and precise profession. It is imperative to know more qualifications than a transcript can reveal. Your assessment is appreciated.

How long have you known the applicant? \_ months \_ years

In what capacity do you know the applicant? Instructor - one class Instructor - several classes

* Employer Other, please specify Please rate the following characteristics:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Characteristic** | **Excellent** | **Above Average** | **Average** | **Below Average** | **Unable to Evaluate** |
| Cooperation |  |  |  |  |  |
| Integrity |  |  |  |  |  |
| Oral Communication |  |  |  |  |  |
| Written Communication |  |  |  |  |  |
| Attitude |  |  |  |  |  |
| Initiative & Independence |  |  |  |  |  |
| Punctuality/Attendance |  |  |  |  |  |
| Learning Ability |  |  |  |  |  |
| Comprehension & Correlation |  |  |  |  |  |
| Imagination & Originality |  |  |  |  |  |
| Organization |  |  |  |  |  |
| Work Accuracy |  |  |  |  |  |
| Technical Competency |  |  |  |  |  |
| Judgement |  |  |  |  |  |
| Responsibility |  |  |  |  |  |

Please comment on this individual’s personality and ability to work/get along with others.

Please include any comments that might be of assistance in considering this applicant for

acceptance.

What is your overall recommendation for this applicant?

* + I highly recommend this applicant.
	+ I recommend this applicant.
	+ I recommend this applicant with reservation.
	+ I do not recommend this applicant.

Name: (Please print or type)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City & State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_

Signature: Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you.

Please send completed form to: William Van Dyke RT(R)

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