

**To the Evaluator:** The individual listed on page 1 is preparing to apply to a health professional school. **The applicant has selected you as an individual who can provide information about his/her personality, character, and skills, and your candid evaluation of the applicant's qualifications is appreciated.** You are asked to complete this evaluation form and **append a personal letter of recommendation. Please format the letter of recommendation on letterhead and include your signature (electronic signatures are acceptable).**

If the applicant has waived his/her right of access (see above), your recommendation will remain confidential. If the applicant does not either waive right of access or sign the statement above the student will be permitted to review this reference upon request.

**Personal and Professional Appraisal**

Please rate the student by placing a check along each continuum at a point where it best describes the student.

| Characteristics                     | Exceptional | Above Average | Average | Below Average | Unable to evaluate |
|-------------------------------------|-------------|---------------|---------|---------------|--------------------|
| Academic Potential                  |             |               |         |               |                    |
| Leadership                          |             |               |         |               |                    |
| Sense of Responsibility             |             |               |         |               |                    |
| Ability to Work with People         |             |               |         |               |                    |
| Ability to Work Independently       |             |               |         |               |                    |
| Motivation for a Career in Medicine |             |               |         |               |                    |
| Technical Laboratory Skills         |             |               |         |               |                    |
| Ability to Adapt to New Situations  |             |               |         |               |                    |
| Reliability                         |             |               |         |               |                    |
| Oral Communication Skills           |             |               |         |               |                    |
| Written Communication Skills        |             |               |         |               |                    |
| Problem Solving Ability             |             |               |         |               |                    |
| Ability to Retain Information       |             |               |         |               |                    |
| Maturity                            |             |               |         |               |                    |
| Personal Integrity                  |             |               |         |               |                    |

**Comments:**

To aid the Health Professions Committee in preparing an effective letter of recommendation for this student to a professional school, your assistance is needed. **Your comments regarding the student's personality, character, and any other factors related to the student's promise in a health profession will be helpful.** You can find recommended letter guidelines here: <http://tinyurl.com/ecuhpc>

Please submit your letter of recommendation to accompany this evaluation. Letters of recommendation must contain a signature and must be on letterhead. Please e-mail your letter in a word document or pdf to [PPAC@ecu.edu](mailto:PPAC@ecu.edu)

**Overall Recommendation:**

Highest Recommendation     
  Recommend without reservation     
  Recommend  
 Recommend with reservation     
  Do not recommend

|            |       |
|------------|-------|
| Signature: | Date: |
|------------|-------|