



## SCHOLARSHIP PROGRAM EVALUATION FORM

***To be completed by the clinical instructor or faculty member recommending the applicant***

Evaluator Name:

Title:

Email:

**Applicant Name:**

What was the context of your interaction with the student?

Please estimate the total number of hours the applicant interacted with you. \_\_\_\_\_

Rate the applicant from 1 – 10 on each of the qualities listed below.

In considering your rating, compare this student to other veterinary students you have known.

Please think of your ratings as an evaluation, not a recommendation.

10 = outstanding / top 5%  
7 – 9 = excellent / next 20%  
4 – 6 = satisfactory / next 40%  
2 – 3 = fair/ next 30%  
1 = bottom 5%  
N/A = not applicable

	Ability to handle animals
	Ability to work independently
	Ability to work as part of a team
	Effectiveness in dealing with authority
	Effectiveness in dealing with student peers
	Effectiveness in dealing with the public
	Enthusiasm &/or Motivation
	Tenacity to complete task
	Dependability &/or Honesty
	Critical / Clinical Reasoning
	Use of common sense
	Collaborative skills
	Leadership skills

Letter of recommendation. Please attach a separate sheet.

Include specific instances where the above characteristics were demonstrated. Your assessment of the applicant's commitment to equine practice and leadership potential are also very important. Please also explain any reservations you may have about the applicant's abilities.

Please indicate the degree of your overall evaluation of the applicant, based on his or her performance of duties and responsibilities.

[ ] strongly recommend                      [ ] recommend with reservation                      [ ] do not recommend

Signature

Date