

Evaluation Checklist for Pre-Professional Health Program Students

Student Name: _____

In order to write a full recommendation letter, the Pre-Professional Health Committee would like you to complete this form to indicate the ranking of the student listed above. Please rank the student in comparison to all other students you have taught in each of the following categories. If you are not comfortable giving a ranking for a particular category you may leave it blank.

	Below Average	Average	Good	Very Good (top 10%)	Excellent (top 5%)	One of the top few I have Encountered
Creative, Original Thought	<input type="checkbox"/>					
Motivation	<input type="checkbox"/>					
Independence, Initiative	<input type="checkbox"/>					
Intellectual Ability	<input type="checkbox"/>					
Academic Achievement	<input type="checkbox"/>					
Disciplined Work Habits	<input type="checkbox"/>					
Potential For Growth	<input type="checkbox"/>					
Logic Skills	<input type="checkbox"/>					
Maturity	<input type="checkbox"/>					
Congeniality	<input type="checkbox"/>					
Written Expression Of Ideas	<input type="checkbox"/>					
Effective Class Discussion	<input type="checkbox"/>					
Overall Evaluation	<input type="checkbox"/>					

Please return this completed form, along with the letter of evaluation to the Pre-Professional Health Committee. The time and effort you put into this is greatly appreciated, and allows the committee to write the strongest possible letters for the students applications and gives them the best chance to gain admittance into their chosen program of