

Envirovet Summer Institute 2011 Student Evaluation Form	<p style="text-align: center;"><i>Send Completed Form to:</i> Director, Envirovet Program Department of Comparative Biosciences College of Veterinary Medicine University of Illinois at Urbana-Champaign 2001 South Lincoln Avenue Urbana, IL 61802 USA rroyer@illinois.edu FAX: 217-244-1652</p>
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(Please provide one copy to each of at least three evaluators)

To be completed by the applicant:

APPLICANT Name: _____
Last/Sur Name
First
Middle

Name of Evaluator: _____

Release of access to this letter of evaluation. the applicant must complete and sign the following statement before submitting this form to the evaluator. This request is in compliance with Federal Law PL 93-380 (Family Educational Rights and Privacy Act of 1974).

- A. ☐ I waive my rights of access to this letter of evaluation.
- B. ☐ I do not waive my rights of access to this letter of evaluation.

Signature: _____ Date: _____

Statement to the Evaluator

The person named above has applied for admission to Envirovet Summer Institute and has selected you to evaluate him/her. Your candid evaluation of this applicant will be greatly appreciated. This appraisal will be held in confidence in accordance with current laws, provided "A" (above) is checked and signed. If you feel you do not know this person well enough to complete this form, please return it to him/her. Please return the completed evaluation form as soon as possible. Class size is limited and complete applications are considered in the order received.

APPLICATION DEADLINE: 1 March, 2011

If you would like to know more about the Envirovet Summer Institute, please see our web site at <http://www.vetmed.illinois.edu/envirovet/>

1. In what capacity have you known the applicant?

2. How long have you known the applicant? _____

3. How well do you know the applicant?

- ☐ Very Well
- ☐ Well
- ☐ Some Familiarity
- ☐ Little
- ☐ I Do Not Know the Applicant

4. How would you evaluate the emotional maturity of the applicant?

- ☐ Very Mature
- ☐ Mature
- ☐ Somewhat Immature
- ☐ Very Immature
- ☐ Unable to Estimate

5. Have you ever had reason to be concerned about this applicant's integrity?

- ☐ Yes
- ☐ No

6. Would you want this person in a position involving major responsibilities under your direction?

- ☐ Very Much
- ☐ Be satisfied to have him/her
- ☐ Prefer not to have him/her
- ☐ Unable to estimate

7. Do you believe this applicant has the necessary intelligence, drive, work ethic, study habits, and overall capacity for successful studies and, ultimately a successful career in wildlife medicine and/or ecosystem health?

- ☐ Definitely
- ☐ Probably
- ☐ Doubtfully
- ☐ No
- ☐ Unable to estimate

8. Check the response that you believe is most appropriate to describe this applicant's motivation for the study of wildlife medicine and/or ecosystem health.

- ☐ Strong, independent decision
- ☐ Average desire and commitment
- ☐ Questionable commitment
- ☐ Unusual outside influence
- ☐ None of these apply; please explain:

On the chart below, circle each numbered item at the point on the scale that best indicates your rating of the listed characteristic for this applicant.

	Outstanding	Satisfactory	Unsatisfactory	Not Observed
9. Initiative and originality: Independent thought, work, and resourcefulness	1	2	3	4
10. Industry: Promptness, application perseverance, energy	1	2	3	4
11. Communication:	1	2	3	4
A. Use of verbal language				
B. Use of written language	1	2	3	4
12. Intellectual ability: Keenness, originality, capacity	1	2	3	4
13. Dependability: Sense of responsibility	1	2	3	4
14. Leadership	1	2	3	4
15. General impression: Total personality	1	2	3	4

16. Check your overall recommendation for this applicant:

- ☐ Highly recommended
- ☐ Recommended
- ☐ Recommended with reservations
- ☐ Not recommended

[illegible]

Name (Print or Type): _____

Title: _____

Institution: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

Signature: _____ Date: _____