|  |  |
| --- | --- |
| EVALUATION FORM (Please type or handwrite in print-no cursive) | |
| **Note: Applicant must complete this section before providing form to Evaluator** | |
| Applicant Name: |  |
| I waive my right of access to this evaluation | No  Yes |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Evaluator Name | | |  | | | | |
| Title | | |  | | | | |
| Occupation | | |  | | | | |
| Organization | | |  | | | | |
| Email | | |  | | | | |
| Daytime Phone | | |  | | | | |
| Date Completed | | |  | | | | |
| How long have you known the applicant? | | |  | | | | |
| How well do you know the applicant? | | |  | | | | |
| In what capacity do you know the applicant? | | |  | | | | |
| Are you a veterinarian? If yes, from which Veterinary Medical School/College are you a graduate | | | No  Yes | | | | |
| REFERENCE RATINGS (Please place an “X” in the appropriate boxes) | | | | | | | |
|  | Not Observed | Poor | | Below Average | Average | Good | Excellent |
| Overall Evaluation |  |  | |  |  |  |  |
| Ability to Handle Animals |  |  | |  |  |  |  |
| Emotional Stability |  |  | |  |  |  |  |
| Empathy |  |  | |  |  |  |  |
| Ethics |  |  | |  |  |  |  |
| Initiative/Motivation |  |  | |  |  |  |  |
| Intellectual Ability |  |  | |  |  |  |  |
| Integrity |  |  | |  |  |  |  |
| Interpersonal Relations |  |  | |  |  |  |  |
| Judgment |  |  | |  |  |  |  |
| Leadership |  |  | |  |  |  |  |
| Oral Communication |  |  | |  |  |  |  |
| Personal and Social Maturity |  |  | |  |  |  |  |
| Professional Demeanor |  |  | |  |  |  |  |
| Reaction to Criticism |  |  | |  |  |  |  |
| Reason for Becoming a Veterinarian |  |  | |  |  |  |  |
| Reliability |  |  | |  |  |  |  |
| Self-Awareness |  |  | |  |  |  |  |
| Team Skills |  |  | |  |  |  |  |
| Time Management |  |  | |  |  |  |  |
| Written Communication |  |  | |  |  |  |  |