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| 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 |  |  |  |  |  |  |