

Health Professions Committee - McNeese State University

Faculty Evaluation of Student Form

To the Student: please fill out this section only.

Student name: _____

Current status (circle one): Fr So Jr Sr

Student major: _____

Courses taken with evaluator:

Course Semester & Year Grade

1. _____

2. _____

Area of interest: Medical _____ Dental _____

The Committee recommends that you waive your right of access to this form:

Waiver of access: I hereby voluntarily waive my right of access (granted under the Family Educational Rights and Privacy Act of 1974) to this confidential evaluation.

Signature: _____ Date: _____

Name of Evaluator: _____ Department: _____

To the Evaluator:

The student named above requests an evaluation from you which will aid the McNeese State University Health Professions Committee in composing a Committee Evaluation Letter which will be sent to health professions schools at the student's request. This evaluation form will **NOT** be sent with our committee letter

1. How did this student rank academically in your class?

At the Top	Top 10%	Top 25%	Top 50%	Bottom 50%
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2. How does this student compare academically to others who have taken your course previously?

At the Top	Top 10%	Top 25%	Top 50%	Bottom 50%
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3. How would you rate this student's level of maturity compared to his/her cohorts?

Exceptionally High	Higher than Most	Average	Below Average	Immature
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4. How would you judge this student's motivation in achieving his/her professional goal?

Exceptionally High	Higher than Most	Average	Below Average	Unable to judge

PLEASE CONTINUE ON THE OTHER SIDE OF THIS PAGE

5. How would you judge this student's ability to work cooperatively with others?

Exceptionally High	Higher than Most	Average	Below Average	Unable to judge

6. How would you judge this student's leadership ability?

Exceptionally High	Higher than Most	Average	Below Average	Unable to judge
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7. How would you judge this student's ability to express thoughts orally and in writing?

Exceptionally High	Higher than Most	Average	Below Average	Unable to judge
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7. What is your level of confidence as an evaluator in completing this form (i.e., how well do you know this student?)

Extremely High	High	medium	low	I don't really know this student well
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8. Please comment on your impression of this student's potential for success in professional school. Please make your comments as explicit and concrete as possible, citing specific examples of observations you have made of and/or interactions you have had with this student. Please feel free to add an additional page if necessary. **Your comments are the most important part of this evaluation.**

6. What is your **OVERALL RECOMMENDATION** for this student?

Enthusiastically Recommended without Reservation	Recommended without Reservation	Recommended	Recommended with Reservation as explained above	Not Recommended as explained above
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Evaluator's signature and date: _____

Thank you for taking the time to complete this evaluation. Please return it through campus mail to:

Dr. Mark Wygoda, Co-Chair
McNeese State University Health Professions Committee
Department of Biology
Box 92000