

EVALUATION/RECOMMENDATION OF APPLICANT

QUALITIES	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR	UNABLE TO EVALUATE
Verbal Ability						
Written Ability						
Ability to work on a team with others						
Sense of Responsibility						
Motivation						
Initiative						
Resourcefulness						
Ability to cope with Stressful situations						
Warmth of Personality						
Concern for Others						
Emotional Maturity						
Understanding of complex concepts						
Organization Skills						
Ability to make efficient use of time						
Ability to do quality work /high standards						
Ability to avoid making repetitive mistakes						
Adeptness at performing laboratory work						
General Ability						

III. RECOMMENDATION FOR ADMISSION

Please select one of the following:

As an evaluator of this applicant, I.....

☐ Recommend him/her *without reservations*.

☐ Recommend him/her *with reservations*.

☐ *Do not* recommend him/her

If you *recommend with reservations* or *do not recommend*, please provide your reasons:

IV. ADDITIONAL COMMENTS:

Please provide the CLS Program with any additional information that you wish to share about the applicant:

V. EVALUATOR INFORMATION:

SIGNATURE: _____ DATE: _____

Name of Evaluator (Please Print) _____

Profession/Work: _____

Business Address: _____

Telephone Number: (Please circle one for best contact):

Business: _____ Home: _____

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Note: THE EVALUATOR MUST SEND THIS COMPLETED FORM TO THE FOLLOWING ADDRESS:

The University of Texas at El Paso
Clinical Laboratory Science Program
College of Health Sciences Building
1851 Wiggins Rd., Office RM 420
El Paso, TX 79968-0061

This form ***must*** be received by January 31st of the current year