

REQUEST FOR EVALUATION

I intend to apply for admission to Optometry school and respectfully request an academic recommendation from you.

Student's Printed Name
(Printed name is considered valid signature)

Date

RELEASE OF RIGHTS TO SEE EVALUATION

I do not waive my rights.

I do hereby voluntarily waive all rights which I otherwise would be able to assert under the Family Educational Rights and Privacy Act of 1974 with respect to this evaluation. By such waiver I expressly consent to, and do hereby authorize, Southern Illinois University Carbondale, and any professional school to which Southern Illinois University Carbondale may hereafter forward this evaluation or its contents, to retain said evaluation or information in a strictly confidential manner, specifically to include withholding such from me and my family whenever I may request to see it or to be informed of its contents, and otherwise to deny me access to this evaluation once submitted by the evaluator.

Print Name
(Printed name is considered valid signature)

Date

TO THE EVALUATOR: This evaluation form will be used by the Health Preprofessional Committee to prepare a composite letter of evaluation for the named student above. Upon request, the composite letter will be sent to schools to which the student applies. Your letter will be appended to the Committee letter as an attachment. Your candid evaluation of the student's strengths and weaknesses are greatly appreciated. If the student has waived his or her rights to see the evaluation, it will remain strictly confidential.

If the student elects not to waive their rights to see this letter and you wish not to provide one as a result, kindly let the student know.

Please complete all three parts of this evaluation:

- 1) The courses from which you know the student.
- 2) The checklist
- 3) A separate letter of recommendation on letterhead, with an original signature.

To submit the evaluation, please scan your letter of recommendation and email it together with the Pre-Optometry Evaluation form in a single email to health-professions@cos.siu.edu with the student's first and last name in subject line.

HEALTH PREPROFESSIONS ADVISEMENT COMMITTEE

PRE-OPTOMETRY EVALUATION

Evaluation of Pre-Optometry student:

Student's printed name

PART 1: Course(s) in which you have taught this student (or other evaluative position):

PREFIX & NUMER

Grade

Rank (x/xx)

Do you consider this course

Difficult

Average

Easy

PART 2: Checklist

Exceptional

**Above
Average**

Average

**Below
Average**

**No basis
for
evaluation**

PERSONALITY – Maturity, Disposition,
Affability, Poise

PERSONAL APPEARANCE - Cleanliness,
Appropriateness of dress

COOPERATION – Respect for authority,
Ability to work with others, Tolerance

INDUSTRIOUSNESS – Perseverance, Genuine
Interest, Conscientiousness.

INTELLECTUAL ABILITY – Depth of
Knowledge, Judgment, Critical Thinking

SCIENTIFIC APTITUDE – Intellectual curiosity,
Resourcefulness, Independence

COMPETENCE IN LABORATORY WORK

MANUAL DEXTERITY

RESPONSE TO CONSTRUCTIVE CRITICISM

COMMUNICATION SKILLS – Expression, Clarity

ORAL/WRITTEN COMMUNICATION SKILLS

HEALTH PREPROFESSIONS ADVISEMENT COMMITTEE

Please list any comments or concerns you have about the student's performance in any of the categories above.

Do you doubt this student's integrity? If yes, please comment.

Yes

No

Date

Printed Name considered valid signature

Department or Position

**Please return to: Liz Saunders
Health Professions Information Office
College of Agricultural, Life, and Physical Sciences
Southern Illinois University
Mail Code 4404
Carbondale, IL 62901-4404
618-536-2147**

https://science.siu.edu/advisement/health_advisement/

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