

**Texas A&M Health Science Center
College of Medicine
Partnership for Primary Care**

EVALUATION FORM

To be completed by applicant. Please type or print neatly in black ink.

Name: _____ SS No.: _____
Last First Middle

Name of High School: _____

I hereby voluntarily waive and relinquish any right of access to this confidential letter of evaluation. I retain my right to access this letter of evaluation.

Signature _____ Date _____ Signature _____ Date _____

THE REMAINDER OF THIS FORM IS TO BE COMPLETED BY THE EVALUATOR.

Evaluator, please **do not** return this form and letter to applicant. **It must be postmarked no later than February 11th and received by February 18th.** When completed, the evaluation form and letter must be sent by evaluator directly to:

Texas A&M Health Science Center
College of Medicine
Office of Admissions - PPC
8447 State Highway 47
Bryan, TX 77807-3260
(979) 436-0237 Fax (979) 436-0097

Check the following to show your relationship with the applicant, NOT your title or position.

- | | | |
|---|---|---|
| <input type="checkbox"/> Academic Advisor | <input type="checkbox"/> Employer or | <input type="checkbox"/> Volunteer Supervisor |
| <input type="checkbox"/> Coach or <input type="checkbox"/> Athletic Director | <input type="checkbox"/> Guidance Counselor | |
| <input type="checkbox"/> Current or <input type="checkbox"/> Former Science Teacher | <input type="checkbox"/> School Principal or <input type="checkbox"/> other administrator | |
| <input type="checkbox"/> Current or <input type="checkbox"/> Former Non-science Teacher | <input type="checkbox"/> Other (Please specify) _____ | |

Evaluator Information (Please type or print in black ink.)

Name Title

School or Organization

No. and Street City and State Zip Code

Telephone No. Fax No. E-Mail

Signature Date

Applicant Name _____ SS No. _____ - _____ - _____

A. Familiarity with Applicant

How long have you known the applicant? _____ Years _____ Months

How have you come to know the applicant?

B. Applicant's Academic Record: Is applicant's academic record indicative of intellectual ability?

Yes No (If no, explain briefly below or expound in letter)

C. Profile: Complete by checking the boxes at the right which correspond to your evaluation of each characteristic.

Enter zero (0) if you feel you are unable to evaluate a specific trait.

	(High)	7	6	5	4	3	2	1	0 (Low)
Reliability- intellectual and personal integrity, promptness, conscientiousness									
Motivation- manifests a desire for medicine as career, persevering									
Stability- self-control, judgment, consistency, maturity, dependability									
Social Values - sensitivity to needs of others									
Intellectual Curiosity- interest in learning									
Industry- drive, initiative, work ethic									
Personality- manners, courtesy, tact, poise									
Leadership- able to teach and direct others									
Overall Assessment									

Applicant Name _____ SS No. _____ - _____ - _____

C. Summary Opinion: Please check the category in which you would place this applicant regarding her/his overall suitability for medicine as career.

- 0 Insufficient information** or contact with this applicant to make such evaluation.
- 7 An Excellent Applicant** - Sound evidence that the applicant is in the **upper 10%** of applicants I have known. A person who appears only once every few years.
- 6 Well Above Average** - probably in the **upper 1/4** of applicants I have know.
- 5 Above Average** - probably in the **upper 1/3** of applicants I have know.
- 4 Average** - probably in the **middle 1/3** of applicants I have know.
- 3 Slightly Below Average** - probably in the **lower 1/3** of applicants I have know.
- 2 Below Average** - probably in the **lower 1/4** of applicants I have know.
- 1 Very Poor** - probably in the **lower 10%** of applicants I have know.

E. Letter of Evaluation or Recommendation - Please include in your letter all pertinent information regarding the applicant in following areas:

1. Special strengths and weaknesses
2. Any inconsistent aspects of the applicant's academic record
3. Ability to do independent work
4. Extracurricular activities including employment
5. Health related experience(s)
6. Any special or unusual life circumstances

* Mail letter and evaluation form directly to the HSC College of Medicine, ATTN: Partnership for Primary Car, Office of Admissions, per the address on previous page.