

Office of Admissions  
VCU School of Dentistry  
P.O. Box 980566  
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## EVALUATION FORM

### Part I

**Waiver (Check one):**

- I have waived right of access to this evaluation
- I do not waive my right of access to this evaluation

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Candidate's Name (type or print): \_\_\_\_\_

Candidate's AADSAS #: \_\_\_\_\_

### Part II

1. My evaluation of the candidate is based on the following(s):

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Lecture/Seminar | <input type="checkbox"/> Advisor |
| <input type="checkbox"/> Employer        | <input type="checkbox"/> Dentist |

2. Please indicate your **overall** recommendation of this candidate:

- Recommend *Enthusiastically*
- Recommend with *Confidence*
- Recommend
- Recommend with *Reservations*
- Not Recommended

Please complete the following based on the candidate's performance as witnessed by you.

<b>Attributes</b>	<b>Poor</b>	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Outstanding</b>	<b>Not Observed</b>
Ability to adapt to supervision, take instruction, relate positively to teachers and/or supervisors						
Ability to get along with others						
Willingness to work; work habits						
Accuracy; careful; definite; exact						
Analytical skills						
Communication skills						
Dependability						
Independence; ability to get along without supervision						
Intellectual curiosity						
Intelligence; natural ability to succeed in academic efforts						
Judgment						
Organizational skills						
Perseverance						
Personal integrity						
Poise						
Professional Appearance/Demeanor						

Your general assessment of this candidate as a potential dental student – include the candidate's major strengths and weaknesses as you see them. For additional comments please use a separate page.

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Evaluator's Name (type or print): \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone number (Day): \_\_\_\_\_

Address: \_\_\_\_\_

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