

EVALUATION FROM INSTRUCTOR AND EMPLOYER
(PRINT TWO FORMS)

DMC UNIVERSITY LABORATORIES DR-4551
PROGRAM DIRECTOR, MEDICAL TECHNOLOGY
4201 ST ANTOINE
DETROIT, MI 48201

Students Waiver Certificate:

To the student: You may voluntarily waive your right to have access to a specific "Evaluation" written about you in accordance with the Federal Family Education Rights and Privacy Act of 1974, by signing and dating this certificate:

I waive, relinquish and disclaim all my rights to have access to the "Evaluation" described in this form:

Student's Signature: _____ Date: _____

Name of Applicant: _____
(Please Print) (Last Name) (First Name) (Middle)

1. How long have you known the applicant? _____ months _____ years.

2. Identify the capacity in which you have been associated with applicant.
 _____ Lecture _____ Laboratory _____ Seminar
 _____ Employer _____ Other (Explain)

3. In comparison with other students or employees whom you have had during the past five years, how does the applicant rank?
 _____ Best in Years _____ Top 10% _____ Good
 _____ Average _____ Below Average _____ Unable to Determine

4 Rate the applicant in the area below:

AREA	OUT STANDING (4)	ABOVE AVERAGE (3)	AVERAGE (2)	BELOW AVERAGE (1)	INSUFFICIENT KNOWLEDGE
Academic knowledge of major field					
Technical knowledge and skills					
Initiative					
Demonstrates research ability					
Ability to work independently					
Ability to share and exchange ideas					
Ability to express self orally					
Ability to express self in writing					
Interpersonal relations with students in class					

AREA	OUT STANDING (4)	ABOVE AVERAGE (3)	AVERAGE (2)	BELOW AVERAGE (1)	INSUFFICIENT KNOWLEDGE
Integrity and honesty					
Personality					
Maturity					
Quality of work					
Quantity of work					
Responsibility					
Attendance					
Ability to analyze problems and solve them effectively					
Sense of humor					
Care and use of equipment					
Organization					
Professional conduct					
Follows instruction					
Adherence to established rules and regulations					
Self confidence					
TOTAL POINTS (96) (for office use only).					

5. Please indicate the strength of your overall endorsement
- | | |
|--|---------------------------|
| _____ Not Recommended | _____ Recommended |
| _____ Recommended with
some reservation | _____ High Recommendation |
| | _____ Undecided |

6. Comments _____

7. Return evaluation to:
 DMC University Laboratories DR3-4551
 Program Director, School of Medical Technology
 4201 St Antoine
 Detroit, MI 48201

8. Evaluated by: Signature: _____ Date: _____
 Title: _____
 Department: _____
 Place of Employment: _____

