



## Student Evaluation Form

The candidate listed below has applied to an Academy for Healthcare Innovation program. Please provide your honest overall impression of this candidate by completing this evaluation.

Applicant Name: \_\_\_\_\_ Evaluator Name: \_\_\_\_\_

Evaluator Phone: \_\_\_\_\_ Evaluator Email: \_\_\_\_\_

What is your relationship to the applicant?  Teacher  Supervisor  Other \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

Please rate the applicant on the following criteria.

Criteria	Consistently	Usually	Sometimes	Needs Work
Positive attendance record				
Effective communicator				
Compassion towards others				
Takes initiative				
Demonstrates integrity				
High level of motivation				
Respectful to peers				
Takes ownership of mistakes				
Unafraid to ask questions				
Willingness to learn				

Provide any additional comments on this applicant:

Please check one:

Recommend  Recommend with reservation  I do not recommend

Evaluator Signature: \_\_\_\_\_ Date: \_\_\_\_\_