**The State University of New York College at Oneonta**

**Healthcare Professions Advisory Committee (HPAC) Evaluation Form**

Form must be submitted electronically by the recommender to Tami LaPilusa, HPAC Chair,

**NO LATER than 5pm** on March 28, 2018 Email: Tami.LaPilusa@oneonta.edu

**Optometry Applicants ONLY**

**Date (dd-mm-yyyy):** Click here to enter text.

**Part A. Student Information:**Name (First name, middle initial, last name): Click here to enter text.Major: Click here to enter text. Date of Graduation (dd-mm-yyyy): Click here to enter text.Program to which student is applying (Medical OR Dental): Click here to enter text.

**Note:** According to the Privacy ACT of 1974, you have the right to inspect and review

confidential letters and statements of recommendation in your file. If you wish to waive the

right to examine this reference, please sign the following statement:

**I hereby waive the right to examine the evaluation and understand that its contents will not**

**be shared with me.**

Applicant’s Signature Click here to enter text. Date Click here to enter text.

**To the Student Applicant:**

**Complete the top portion of this form and EMAIL this form to your referee.**

 **Part B. Evaluator Information:**

Name (First name, middle initial, last name): Click here to enter text.

Department:Click here to enter text.

Work Address: Click here to enter text.

Telephone: Click here to enter text. E-mail: Click here to enter text.

How long have you known the student? Click here to enter text.

In what capacity have you interacted with the student? Click here to enter text.

**Part C. Comments: Please provide a full, hand signed, letter of recommendation (on official letterhead) to include comments on the applicant’s qualifications by describing**:

1. *difficulties or obstacles the applicant had to overcome & how those obstacles led to new learning and growth* 2) *unique experiences or perspectives* 3) *comparisons of the applicant to larger peer groups (e.g. all students in a particular class)* 4) *specific examples of noteworthy accomplishments and/or behaviors* 5) *how the applicant might contribute to the diversity of the program to which he/she is applying (diversity is broadly defined: background, attributes, experiences, etc).*

**Part D. Evaluation of Skills:** Please rate the candidate on the following areas:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Evaluation area** | **Excellent (5)** | **Good (4)** | **Average (3)** | **Below Average (2)** | **Poor (1)** | **Not Observed** |
| *Intellectual Ability* |[ ] [ ] [ ] [ ] [ ] [ ]
| *Leadership* |[ ] [ ] [ ] [ ] [ ] [ ]
| *Oral Communication* |[ ] [ ] [ ] [ ] [ ] [ ]
| *Reaction to Criticism* |[ ] [ ] [ ] [ ] [ ] [ ]
| *Team Skills* |[ ] [ ] [ ] [ ] [ ] [ ]
| *Written Communication* |[ ] [ ] [ ] [ ] [ ] [ ]
| *Overall Evaluation* |[ ] [ ] [ ] [ ] [ ] [ ]
| *Integrity* |[ ] [ ] [ ] [ ] [ ] [ ]
| *Organizational Skills* |[ ] [ ] [ ] [ ] [ ] [ ]
| *Self-Awareness* |[ ] [ ] [ ] [ ] [ ] [ ]
| *Stress Management* |[ ] [ ] [ ] [ ] [ ] [ ]
| *Time Management* |[ ] [ ] [ ] [ ] [ ] [ ]