



TUSKEGEE UNIVERSITY
COLLEGE OF VETERINARY MEDICINE

VETERINARIAN'S CONFIDENTIAL EVALUATION FORM

Please return this form by SEPTEMBER 18th to: University College of Veterinary Medicine
Office of Admissions and Recruitment
1200 West Montgomery Road
Tuskegee, AL 36088

Name of Applicant: _____
Last First Middle Maiden

Veterinarian's Name: _____

Veterinarian's Telephone: _____ Email Address: _____

Association with Applicant: _____

TO THE EVALUATOR: The above named applicant has requested that you evaluate him/her as a candidate for the professional curriculum of the College of Veterinary Medicine. The information you provide is confidential and will be used only in the College's admission process. The following judgments are to be based primarily on personal qualities believed relevant to an individual's performance and development in veterinary school. To help the College of Veterinary Medicine comply with federal and state legislation that prohibits discrimination on the basis of handicap, please refrain from mentioning any physical or mental handicap that the applicant may have.

TO THE APPLICANT:

1. Select a veterinarian to complete this form who knows you well enough to evaluate your personal qualities. The evaluator may not be a relative by marriage or birth.
2. Please sign your name on the appropriate part of the waiver for this form (see below).
3. Send the form to the evaluator. Provide the evaluator with a stamped addressed envelope to the address above. The evaluator should complete the evaluation form and return it to this office.
4. You are responsible for forwarding this form to evaluator.

ONLY THOSE EVALUATIONS RETURNED DIRECTLY BY THE EVALUATOR WILL BE ACCEPTED.

APPLICANTS MAY WAIVE THE RIGHT OF ACCESS WRITTEN EVALUATIONS AS PROVIDED FOR UNDER THE EDUCATION PRIVACY ACT OF 1974. PLEASE INDICATE YOUR WISHES BY SIGNING BELOW EITHER STATEMENT A OR B.

A. I hereby waive my right of access to the Confidential Evaluation provided by the person named on the front of this form. He/She should be notified that the confidentiality of the evaluation is preserved.

Applicant's Signature: _____ Date: _____

B. I do not waive my right of access to the Confidential Evaluation provided by the person named on the front of this form. He/She should be notified that I retain my right to access, and the confidentiality of the evaluator is not guaranteed. Moreover, I understand that not waiving my right of access is not prejudicial to my application.

Applicant's Signature: _____ Date: _____

VETERINARIAN'S CONFIDENTIAL EVALUATION FORM (Continued)

1. Please indicate your assessment of the candidate in each category below by entering the value of your rating in the appropriate box on the right. We ask that your evaluation accurately reflect the candidate's demonstration of the listed characteristics or behavior. The selections read from left to right.

Category	1	2	3	4	5	0	Rating
Verbal Ability	Inarticulate	Below average	Moderately articulate	Above average	Articulate, clear, fluent	Have not observed	
Personal and Social Maturity	Immature	Below average	Average maturity	Above average maturity	Exceptionally mature	Have not observed	
Motivation (for becoming a veterinarian)	Is uncertain of career goals	Simply wants to be a professional (any type)	Average motivation	Dedicated worker	Is among the most motivated	Have not observed	
Leadership	Probably unable to lead	Satisfied to follow	Occasionally a leader	Frequently a leader	Outstanding leader	Have not observed	
Dependability, Reliability and Trust-worthiness	Frequently unreliable, untrustworthy	Doubtful reliability	Usually reliable	Above average reliability	Unquestioned reliability, absolutely trustworthy	Have not observed	
Problem Solving	Indecisive, poor judgment	Impulsive, has difficulty in considering alternative solutions	Average problem solving solutions	Judicious, considers alternative solutions	Decisive, sound judgment.	Have not observed	
Animal Exposure (ability to handle animals)	No experience	Below average (small and/or large animals)	Acceptable ability with small animals	Acceptable ability with large animals	Acceptable ability with small and large animals	Have not observed	
Overall Rating of Potential	Do not recommend	Recommended with reservation	Average recommendation	Good recommendation	Exceptional recommendation	Have not observed	

2. To your knowledge, did this applicant (check all that apply):

- a. Observe some ____ all ____ aspects of practice ____ research ____
 other ____ (indicate): _____
- b. Actively participate, with supervision in some ____ all ____ aspects of practice ____ research ____
 other ____ (indicate): _____
- c. Take responsibility for some ____ all ____ aspects of practice ____ research ____
 other ____ (indicate): _____

3. Those aspects included in this (please select) practice ____ laboratory ____

other _____ and part of the applicant's veterinary exposure were to:

- | | |
|--------------------------|------------------------------------|
| ____ take histories | ____ serve as receptionist |
| ____ assist in treatment | ____ serve as laboratory assistant |
| ____ exercise patients | ____ serve as night attendant |
| ____ clean kennels | ____ help with patient restraint |
| ____ other | ____ perform research |

(list all other exposures): _____

VETERINARIAN'S CONFIDENTIAL EVALUATION FORM (Continued)

4. What do you consider the applicant's major strength(s) and major weakness(es)?

5. Was applicant compensated for this experience? Yes ____ No ____

Method of compensation was by payroll ____ other ____; if other explain:

6. Dates of employment/volunteer exposure: From _____ To _____

7. Total number of hours employed/volunteered during the period above: _____

(Effective 2017: Applicants will require a minimum of 100 clinical contact hours)

(Effective 2018: Applicants will require a minimum of 200 clinical contact hours)

8. Assuming you needed an additional professional person in your practice or other situation, would you hire this individual following graduation? Yes ____ No ____ No opinion ____

9. Would you enthusiastically accept this applicant as a colleague? Yes ____ No ____ No opinion ____

Letters of recommendation: A letter of recommendation is often the most important part of the evaluation and lends credibility to the overall ratings given above. An evaluation without written comments offers little support for the applicant. Observations, which document your ratings of the candidate's personal and/or academic qualifications, as well as comments on specific strengths and weaknesses, are extremely helpful. On a separate sheet, please add comments that you feel may assist the admissions committee in further considering this applicant for admissions. **[VMCAS electronic letters of recommendation are not acceptable substitutes for Tuskegee University CVM evaluation forms.]**

Evaluator's Signature: _____ Date: _____

**Please return this form to:
The Office of Veterinary Admissions
Tuskegee University College of Veterinary Medicine
Patterson Hall
1200 West Montgomery Road
Tuskegee, AL 36088**

Be sure to SIGN in the appropriate place of this evaluation form.