**PROFESSIONAL EVALUATION RATING FORM**

To accompany the Letter of Recommendation

Use the following scale to rate the applicant’s behavior during their experience with you. If you have no basis for an evaluation in a particular category, please circle “0”=”Not Observed”

5=Excellent; better than 4=Good or above 3=Average or 2=Below average 1=Poor or 0=Not Observed

 most I’ve seen average satisfactory unacceptable

|  |  |  |
| --- | --- | --- |
| Category | Criteria on which to ratethis student | Rating Scale |
| Professionalism | * Reliable
* Punctual
* Neat with good hygiene
 | 5 4 3 2 1 0 |
| Enthusiasm and Interest in the Clinical Setting | * Sincerely/appropriately enthusiastic
* Actively observes/asks questions
 | 5 4 3 2 1 0 |
| Oral Communication | * Uses good grammar
* Ability to express ideas clearly
* Uses appropriate terminology
 | 5 4 3 2 1 0 |
| Non-Verbal Communication | * Eye contact
* Listens attentively
* Body language
 | 5 4 3 2 1 0 |
| Attitude | * Keeps a positive attitude
* Displays optimism
 | 5 4 3 2 1 0 |
| Maturity in the Clinical Setting | * Demonstrates mature behavior relative to patient care
* Exercises discretion with words and actions
 | 5 4 3 2 1 0 |
| People Skills | * Works effectively with others
* Is pleasant to be around
* Accepts instruction well
 | 5 4 3 2 1 0 |
| Seriousness about the Profession | * Has significant knowledge/experience base OR is motivated to gain knowledge/experience
* Has realistic understanding of Veterinary Technology
 | 5 4 3 2 1 0 |

Given that future performance mirrors past performance, if you had an opening at your facility, would you likely hire this person as an LVT?

 Yes No Have not observed long enough to say

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name/Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_