

**GRAND VALLEY STATE UNIVERSITY
CLINICAL LABORATORY SCIENCE STUDENT EVALUATION FORM**

APPLICANT NAME (print or type): _____

I waive my right to access this form

I do **NOT** waive my right to access this form

APPLICANT SIGNATURE _____ DATE: _____

In view of the technical and professional demands placed on a Clinical Laboratory Scientist, it is important that we know more about her/his qualifications than is revealed by a transcript of the student's grades. We will rely heavily on your honest evaluation of this candidate, and appreciate your time and effort in this regard.

1. How long have you known the applicant? _____ mo./yr.
2. In what capacity have you known the applicant?

a. undergraduate student	d. teaching assistant
b. graduate student	e. employee
c. advisee	f. other (please specify) _____
3. Please rate the applicant in comparison to other students you have taught or persons who have worked for you. Place a check along the line provided.

CHARACTERISTIC EVALUATED	Excellent	Above Average	Average	Below Average	Unable to Assess
Work Habits:	a) Neatness				
	b) Cooperation				
	c) Integrity				
Communication Skills:	a) Oral				
	b) Written				
Motivation:	a) Attitude				
	b) Initiative				
	c) Punctuality				
Ability:	a) Learning				
	b) Comprehension & Correlation				
	c) Imagination/Originality				
Quality of Work:	a) Organization				
	b) Accuracy				
	c) Technical Competency				
	a) Judgment				
	b) Performance Under Stress				
	c) Responsibility				

4. Would you feel comfortable knowing that the applicant was responsible for the laboratory results if you were a patient in a hospital? __Y__ __N__ __NA__
5. What is your **overall** recommendation for the applicant?
- | | | | |
|----|----------------------------------|----|--|
| a. | I highly recommend the applicant | c. | I recommend the applicant (with reservation) |
| b. | I recommend the applicant | d. | I do not recommend the applicant |

If your response was (c) or (d) please explain.

Additional comments on the student's abilities and aptitude toward a career in clinical laboratory science.

Print Name _____ Signature _____

Employer/Place of employment _____

Position _____ Date _____

Please return this form to: Jeanne Stoddard, MHS, MT(ASCP)
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