**EVALUATION FROM INSTRUCTOR AND EMPLOYER**

**(PRINT TWO FORMS)**

**DMC UNIVERSITY LABORATORIES**

**PROGRAM DIRECTOR, HISTOTECHNOLOGY**

**4707 ST. ANTOINE, SG 34**

**DETROIT, MI 48201**

Students Waiver Certificate:

To the student: You may voluntarily waive your right to have access to a specific "Evaluation" written about you in accordance with the Federal Family Education Rights and Privacy Act of 1974, by signing and dating this certificate:

I waive, relinquish and disclaim all my rights to have access to the "Evaluation" described in this form:

Student's Signature:  Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print) (Last Name) (First Name) (Middle)

==================================================================================================================

1. How long have you known the applicant?      \_\_\_\_\_\_\_\_\_\_

2. Identify the capacity in which you have been associated with applicant.

       \_\_\_\_ Lecture                         \_\_\_\_\_ Laboratory                     \_\_\_\_\_ Seminar

       \_\_\_\_ Employer                      \_\_\_\_\_ Other (Explain)

3. In comparison with other students or employees whom you have had during the past five

1. Years, how does the applicant rank?

       \_\_\_\_\_ Best in Years                  \_\_\_\_\_ Top 10%                       \_\_\_\_\_\_ Good

       \_\_\_\_\_ Average                           \_\_\_\_\_Below Average             \_\_\_\_\_\_ Unable to Determine

1. Rate the applicant in the area below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **AREA** | **OUT STANDING****(4)** | **ABOVE AVERAGE****(3)** | **AVERAGE****(2)** | **BELOW AVERAGE****(1)** | **INSUFFICIENT KNOWLEDGE** |
| Academic knowledge of major field |  |  |  |  |  |
| Technical knowledge and skills |  |  |  |  |  |
| Initiative |  |  |  |  |  |
| Demonstrates research ability |  |  |  |  |  |
| Ability to work independently |  |  |  |  |  |
| Ability to share and exchange ideas |  |  |  |  |  |
| Ability to express self orally |  |  |  |  |  |
| Ability to express self in writing |  |  |  |  |  |
| Interpersonal relations with students in class |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| AREA | OUT STANDING(4) | ABOVE AVERAGE(3) |  AVERAGE(2) | BELOWAVERAGE(1) | INSUFFICIENT KNOWLEDGE |
| Integrity and honesty |  |  |  |  |  |
| Personality |  |  |  |  |  |
| Maturity |  |  |  |  |  |
| Quality of work |  |  |  |  |  |
| Quantity of work |  |  |  |  |  |
| Responsibility |  |  |  |  |  |
| Attendance |  |  |  |  |  |
| Ability to analyze problems and solve them effectively |  |  |  |  |  |
| Sense of humor |  |  |  |  |  |
| Care and use of equipment |  |  |  |  |  |
| Organization |  |  |  |  |  |
| Professional conduct |  |  |  |  |  |
| Follows instruction |  |  |  |  |  |
| Adherence to established rules and regulations |  |  |  |  |  |
| Self confidence |  |  |  |  |  |
| TOTAL POINTS (96) (for office use only). |  |  |  |  |  |

5. Please indicate the strength of your overall endorsement

       \_\_\_\_\_ Not Recommended                  \_\_\_\_\_ Recommended

       \_\_\_\_\_ Recommended with                 \_\_\_\_\_ High Recommendation

 ­ some reservation                     \_\_\_\_\_ Undecided

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. Return evaluation to: email: tchowdhu@dmc.org or mail

 DMC University Laboratories

 Program Director, School of Histotechnology

 4707 St Antoine, SG 34

 Detroit, MI 48201

8. Evaluated by:

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

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                                                                                                               Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_