

D. PROFILE

Complete by checking the boxes at the right, which correspond to your evaluation of each characteristic (7= Excellent; 4= Average; 1= Poor). Leave blank any section where you feel unable to judge.

	7	6	5	4	3	2	1
RELIABILITY: intellectual and personal integrity, promptness, conscientiousness							
MOTIVATION: for health care							
EMOTIONAL STABILITY: self-control, judgment, consistency, maturity, dependability							
SOCIAL VALUES: sensitivity to needs of others							
INTELLECTUAL CURIOSITY: interest in learning							
INDUSTRY: drive, initiative, work habits, performance							
PERSONALITY: manners, courtesy, tact poise							
LEADERSHIP: ability to inspire confidence							
OTHER: _____ _____							

E. SUMMARY OPINION

Please check the category in which you would place this applicant regarding his/her *overall suitability* as an applicant to this program.

- 0. Insufficient information or contact with this applicant to make such evaluation.
- 7. *An excellent applicant.* Sound evidence that the applicant is in the upper 10% of applicants I have known. A person who appears only once every few years.
- 6. *Well above average.* Probably in the upper ¼ of applicants I have known.
- 5. *Above average.* Probably in the upper 1/3 of applicants I have known.
- 4. *Average.* Probably in the middle 1/3 of applicants I have known
- 3. *Slightly below average.* Probably in the lower ½ of applicants I have known. Should be able to complete the educational program.
- 2. *Below average.* Probably in the lower ¼ of applicants I have known.
- 1. *Very poor.* Not recommended.

This is a:

- Predental advisor or advisory committee evaluation (Chairman should sign for committee)
- Individual Evaluation

Evaluation by: Name (please type or print): _____

Title: _____

Address: _____

Telephone#: _____

Signature: _____ Date: _____