

EVALUATION OF APPLICANT'S PERFORMANCE AND POTENTIAL

UPMC Imaging Services: Advanced Imaging Technologist Training Program

Attn: Amanda C Baker

Program Director

100 Fairfield Drive

Seneca, PA 16346

(814)677-1433

The below named applicant is a candidate for admission to this Advanced Imaging Technologist Training program . We would appreciate your evaluation of the applicant's performance and potential. Your comments will be used by faculty members of the program to help them arrive at a better understanding of the applicant. Your cooperation in completing and promptly returning this form will assist both the applicant and the program.

Please return this form directly to the program.

Name of Applicant: _____

Date: _____

Your Name: _____

Phone number: _____

Your signature _____

Address: _____

Number of years you have known the applicant: _____

Position and Institution of your employ:

Pursuant to recent federal law, a student admitted to this Advanced Imaging Technologist Training program is entitled to inspect this evaluation in his or her file, unless the student has signed a waiver of this right to access. However, the program does not require a waiver as a condition for admission to, or receipt of any services or benefits from the program. Applicants submitting names of individuals for letters of recommendation are free to determine whether or not they wish to waive their potential right to examine such evaluations. If the applicant's signature appears at the end of the paragraph identified as "waiver" on this form, you can be assured that your evaluation **will not** be reviewed by the applicant. If the applicant has not signed the waiver and enrolls in this program, then the applicant **will** have the right to review your evaluation.

WAIVER

The Family Educational Rights and Privacy Act permit us to request, but not require that you waive your right to inspect this evaluation. The right, which we request that you waive, would arise if you were an enrolled student at this program and if the evaluation were maintained after your enrollment. In considering whether you will waive, please be advised that the information contained on this form will be used to evaluate you as an applicant for admission to this program. If you elect to waive your rights of access to and review of this information, please sign your name.

DATE: _____

(Applicant's Signature)

Please rate the applicant on the following qualities:	Excellent	Good	Fair	Poor
CHARACTER				
INTEGRITY				
MATURITY				
PUNCTUALITY				
INITIATIVE/INTEREST				
ADAPTABILITY				
ACCEPTING CRITICISM				

Do you feel this applicant possesses self –discipline? _____ Please explain:

Do you feel this applicant is able to work well under supervision? _____
Please explain: _____

Additional Comments:
