

EVALUATION FROM INSTRUCTOR AND EMPLOYER
(PRINT TWO FORMS)

**PROGRAM DIRECTOR
SCHOOL OF HISTOTECHNOLOGY
4707 ST. ANTOINE BLVD SG33
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)

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1. How long have you known the applicant? _____ months _____ years.
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 years, how does the applicant rank?
 Best in Years Top 10% Good
 Average Below Average Unable to Determine
- 4 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)	BELOW AVERAGE (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 some reservation
 High Recommendation
 Undecided

Comments _____

7. Return evaluation to:
- Program Director
 School of Histotechnology
 4707 St. Antoine Blvd SG33
 Detroit, MI 48201

8. Evaluated by:
- Signature: _____ Date: _____
- Title: _____
- Department: _____
- Place of Employment: _____