



### EVALUATION OF APPLICANT PERFORMANCE AND POTENTIAL

1. How long have you known this applicant? In what capacity?

2. What are this applicant's strengths and weaknesses? If possible, give illustrations.

Strengths:

Weaknesses:

3. What activities/experiences have developed character in this applicant?

4. Please rate this person in the following categories:

	Excellent	Good	Fair	Poor
Attendance/Promptness				
Critical Thinking Skills				
Self-Confidence				
Self Discipline				
Multi-tasking Ability				

Additional Comments:

If the applicant signature appears under the waiver on the front of this form, your evaluation will not be reviewed by the applicant; please mail directly to the address below.

If the applicant has *not* signed the waiver and enrolls in this school, the applicant will have the right to review the evaluation.

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

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

Position: \_\_\_\_\_

Address: \_\_\_\_\_

**If the waiver is signed on page 1, please return this form directly to:**

Program Director, School of Radiography  
OSF Saint Francis Medical Center  
530 NE Glen Oak Avenue  
Peoria, Illinois 61637