

Evaluation Form

This form must be attached to each (3) Letters of Recommendation

I hereby waive any right of access to this confidential evaluation form

Applicant's Name _____

Applicant's Signature _____

Evaluator Only

Evaluator's Name _____

Title _____

Relationship to applicant _____

How long have you known the applicant? _____

	4-Exceptional	3-Above Average	2-Average	1-Below Average	0-Unknown
Leadership Skills					
Respectful & Cooperative					
Maturity & Emotional Stability					
Motivation					
Quality of work					
Communication Written & Oral					
Learning & Development					

Evaluator's Signature

Date

Please attach to Letter of Recommendation in a sealed envelope with your signature across the seal.