



Wofford College

429 N. Church Street
Spartanburg, SC 29303
(864)597-4000

To: Health care professionals sponsoring Wofford students

From: John Moeller, PhD
Wofford College Health Careers Advisor

Thank you very much for providing valuable clinical/shadowing experience for a future health care professional! I trust the experience has been positive for you as well as for the student.

The major benefit of these experiences for our students is the exposure they get to dedicated health care professionals such as yourself. This helps them crystallize their career plans, as well as develop a picture of their future based on real experiences and positive role models. As you know, there is another important aspect of this program: giving students the clinical experience they need to be competitive for entry into graduate training programs. With these goals in mind, we need to be able to document each student's experience, and gather your opinions as to each student's professional promise.

Please take a few minutes to complete the attached evaluation form for the student that you have sponsored. Feel free to write any additional comments you might have on the back of the form. Assuming the student has signed the waiver, know that these evaluations are never shared with the students; but they may be sent to graduate schools to which the student applies.

Please return the completed form directly to me by mail, or scan and email:

John Moeller, PhD
Wofford College
429 N. Church Street
Spartanburg, SC 29303
Email moellerjf@wofford.edu

Please don't hesitate to call me at any time, at (864)597-4627, should you wish to discuss a student, or any aspect of the program.

Thank you again for participating, and for being a positive role model for our students. Your time and dedication really do make a difference in these young peoples' lives!

WOFFORD COLLEGE PREPROFESSIONAL EVALUATION: CLINICAL EXPERIENCES

This form is intended for use by health care professionals, in evaluating the performance and capabilities of Wofford students who have worked with them.

STUDENT NAME: [Click here to enter text.](#)

STUDENT SS# [Click here to enter text.](#)

Evaluation Waiver Option

The student's signature below indicates that he/she has waived his or her right of access to this evaluation. No signature means the student will have the right to read these documents.

Student Signature (*required*): _____ Date: [Click here for date.](#)

HEALTH CARE PROFESSIONAL: [Click here to enter text.](#)

ADDRESS: _____

SPECIALTY: _____

How long did the student work with you? _____ days; approx _____ hours per day.

Briefly describe the students' responsibilities, and/or experiences the student was exposed to while working with you. Please feel free to continue on the back if additional space is needed:

RATING, relative to other college science majors [Percentiles]	OUTSTANDING (Top 10%)	EXCELLENT (Next 10%)	VERY GOOD (Next 20%)	AVERAGE (Middle 20%)	FAIR (Next 20%)	POOR (Bottom 20%)	NO BASIS for judgment
INTELLECTUAL ABILITY							
COMMUNICATION SKILLS							
RELIABILITY (promptness, responsibility, integrity)							
INTERPERSONAL SKILLS (courtesy, tact, ability to work with others)							
MOTIVATION (interest, enthusiasm, commitment, perseverance)							
MATURITY (personal development, ability to cope with life situations)							

OVERALL EVALUATION FOR ADMISSION INTO GRADUATE/PROFESSIONAL SCHOOL [circle one]:

Recommend enthusiastically	Recommend with confidence	Recommend	Recommend with reservation	Not recommended
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Signature: _____
 Return to: John Moeller, PhD Wofford College 429 N. Church St. Spartanburg, SC 29303