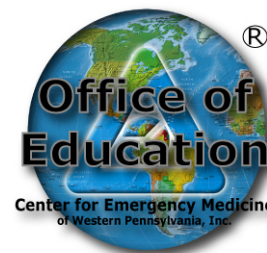


# Letter of Evaluation



Applicant (Please print or type all sections)

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\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

## Waiver Statement/Family Education Rights and Privacy Act of 1974

To the Applicant:

Under provision of this Act you have the right after you are enrolled at the Center for Emergency Medicine of Western Pennsylvania, Inc. (C) to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. Please indicate below whether or not you wish to waive this right by checking the box with your decision and signing your name below.

I **Waive** any right of Access that I may have to this recommendation form.

I **DO NOT** Waive any right of Access that I may have to this recommendation form.

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

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

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## Evaluator

The applicant cannot be considered until this evaluation is on file at the Center for Emergency Medicine of Western Pennsylvania, Inc. (C).

Because federal legislation has granted students and former students access to evaluations such as this an evaluation can be taken in confidence only if waiver of the right of access is signed by the applicant.

In its consideration of each applicant the Admissions Committee places particular emphasis on comments from individuals whom the applicant has chosen to assess him or her. The committee urges you to be as specific and candid as possible, citing any particular incidents that illustrate the applicant's maturity, purposefulness and initiative. Particular attention should be paid to analytic or quantitative ability of the applicant.

The committee realizes that considerable time and effort may be involved in preparing this evaluation and greatly appreciates your help. Thank you for taking the time to tell us about this applicant. A delay in the submission of this evaluation could lead to the applicant's not being considered for admission.

Please return in a signed, sealed envelope to the applicant.

---

\_\_\_\_\_  
Evaluator's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

How long have you known the applicant? \_\_\_\_ years \_\_\_\_ months

Under what circumstances have you known the applicant?

Please comment on the applicant:

<b>Maturity</b>	Poor <input type="checkbox"/>	Below Average <input type="checkbox"/>	Average <input type="checkbox"/>	Above Average <input type="checkbox"/>	Outstanding <input type="checkbox"/>
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*Please write comments in the box below:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Motivation</b>	Poor <input type="checkbox"/>	Below Average <input type="checkbox"/>	Average <input type="checkbox"/>	Above Average <input type="checkbox"/>	Outstanding <input type="checkbox"/>
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*Please write comments in the box below:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Altruism</b>	Poor <input type="checkbox"/>	Below Average <input type="checkbox"/>	Average <input type="checkbox"/>	Above Average <input type="checkbox"/>	Outstanding <input type="checkbox"/>
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*Please write comments in the box below:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Life Experience</b>	Poor <input type="checkbox"/>	Below Average <input type="checkbox"/>	Average <input type="checkbox"/>	Above Average <input type="checkbox"/>	Outstanding <input type="checkbox"/>
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*Please write comments in the box below:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Clarity of Career Goals</b>	Poor <input type="checkbox"/>	Below Average <input type="checkbox"/>	Average <input type="checkbox"/>	Above Average <input type="checkbox"/>	Outstanding <input type="checkbox"/>
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*Please write comments in the box below:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I strongly recommend that this applicant be admitted to the Paramedic Program.
- I recommend that this applicant be admitted to the Paramedic Program.
- I recommend with some reservation that this applicant be admitted to the Paramedic Program.
- I do not recommend that this applicant be admitted to the Paramedic Program.

My Reservations are:

Signature:

Date: