

COMPOSITE PREPROFESSIONAL EVALUATION
THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER
 930 Madison Ave., Suite 600, Memphis, Tennessee 38163
 Phone 901 - 448 - 8393

Title: _____

Daytime Phone: _____

Occupation: _____

Date Completed: _____

Email: _____

Status: _____

Name of Evaluator: _____

I waive my right of access to this evaluation: _____
 How long have you known the applicant? ___
 How well do you know the applicant? _____
 In what capacity do you know the applicant? _____

Not Observed 1-(Poor) 2-(Below Average) 3-(Average) 4 -(Good) 5-(Excellent)

Reference Ratings	NO	1	2	3	4	5		COMMENTS
1. Adaptability								
2. Critical Thinking								
3. Conflict Resolution								
4. Interpersonal Relations								
5. Oral Communication								
6. Reliability								
7. Self-Awareness								
8. Team Skills								
9. Written Communication								
10. Overall Evaluation								