



Optometrist Evaluation Form

To the evaluator: Once you have completed the evaluation form, please return the form to the applicant in an official sealed & signed envelope. Thank you!

This section to be completed by applicant

On behalf of (Please Print) FIRST NAME MIDDLE NAME LAST NAME

Address

Telephone AREA CODE

With regard to the consideration of my application for admission to the Illinois College of Optometry, I hereby waive my right of access to this confidential statement, providing such statement will be used solely for the purpose of admission consideration.

Signed Date

This section to be completed by Optometrist

The above-named individual is applying for admission to the Illinois College of Optometry. The Admissions Committee would appreciate your candid opinion of this candidate. There are many personal characteristics involved in the selection of a professional student and future optometrist; of these, we are particularly interested in the candidate's motivation, judgment, emotional stability, and use of the English language.

- 1) How well do you know the candidate? Very well Reasonably well Slightly
2) Nature of acquaintance:
3) In your opinion is his/her knowledge of optometry at this time adequate to decide on optometry as a career?
4) Please indicate your impression of the candidate for each of the following:

Table with 5 columns: Excellent, Good, Average, Below Average, No Chance To Observe. Rows include Motivation for Optometry, Understanding of the Profession, Oral Expression, Interpersonal Relations, Reliability, Maturity, Integrity.

- 5) This applicant is: Highly Recommended Recommended Not Recommended
Please check if you are including ADDITIONAL REMARKS on back of page or on letterhead.

Name: Signature: (PLEASE PRINT)

Address: City: State: Zip:

E-mail Address: Phone number:

ICO Alumni: Yes No If no, optometric institution: Year of graduation: