

**#1 EVALUATION OF APPLICANT FOR ADMISSION  
DENTAL ASSISTING PROGRAM**

I, \_\_\_\_\_ (applicant's name printed)  
request that you complete this evaluation of me and send it to the address  
indicated. I understand that your candid evaluation of me is being sought and I  
have indicated below whether or not the form will remain confidential.

**CONFIDENTIAL** - I hereby waive my right of access to your confidential  
recommendation and understand the recommendation will be held in confidence

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ABSENCE OF SIGNATURE INDICATES THE FOLLOWING IS NON-CONFIDENTIAL**

1. How long and in what capacity have you known the applicant?  
\_\_\_\_\_  
\_\_\_\_\_

2. Please rate the following qualities for this individual, using a scale of 1  
to 5, **with 5 being the Highest Ranking**. If unable to rank, mark UTR = Unable  
to Respond.

_____ Ability to learn	_____ Dependable/Punctual
_____ Personality	_____ Responsible/Self Directed
_____ Leadership	_____ Interpersonal Skills
_____ Maturity/Judgment	_____ Work Ethics

3. Check (x) the phrase that best summarizes your recommendation of this  
applicant.

\_\_\_\_\_ A superior applicant in all respects  
\_\_\_\_\_ I strongly recommend this applicant  
\_\_\_\_\_ I recommend this applicant with average confidence  
\_\_\_\_\_ I recommend this applicant with some reservations  
\_\_\_\_\_ I do not recommend this applicant

4. Please comment about the applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No: \_\_\_\_\_

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

**Please return this form to:  
Dental Assisting Program Director  
Pueblo Community College  
900 W. Orman, TE 122  
Pueblo, CO 81004  
(719) 549-3263**

**#2 EVALUATION OF APPLICANT FOR ADMISSION  
DENTAL ASSISTING PROGRAM**

I, \_\_\_\_\_ (applicant's name printed) request that you complete this evaluation of me and send it to the address indicated. I understand that your candid evaluation of me is being sought and I have indicated below whether or not the form will remain confidential.

**CONFIDENTIAL** - I hereby waive my right of access to your confidential recommendation and understand the recommendation will be held in confidence

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ABSENCE OF SIGNATURE INDICATES THE FOLLOWING IS NON-CONFIDENTIAL**

1. How long and in what capacity have you known the applicant?  
\_\_\_\_\_  
\_\_\_\_\_

2. Please rate the following qualities for this individual, using a scale of 1 to 5, with 5 being the Highest Ranking. If unable to rank, mark UTR = Unable to Respond.

_____ Ability to learn	_____ Dependable/Punctual
_____ Personality	_____ Responsible/Self Directed
_____ Leadership	_____ Interpersonal Skills
_____ Maturity/Judgment	_____ Work Ethics

3. Check (x) the phrase that best summarizes your recommendation of this applicant.

\_\_\_\_\_ A superior applicant in all respects  
\_\_\_\_\_ I strongly recommend this applicant  
\_\_\_\_\_ I recommend this applicant with average confidence  
\_\_\_\_\_ I recommend this applicant with some reservations  
\_\_\_\_\_ I do not recommend this applicant

4. Please comment about the applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No: \_\_\_\_\_

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

**Please return this form to:  
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