

UC Irvine Medical Center
Volunteer Services Department
Valerie Wilcox, Manager
vwilcox@uci.edu

Student's Name _____ Grade _____

To the Evaluator: This student is applying to become a Junior Volunteer at UC Irvine Medical Center. Your comments will help determine if the student is accepted into the program. *Please be as honest as you can.* We are looking for hard working, dedicated students that do not have attendance, academic, or discipline issues. You can give the completed form to the student, or if you prefer, you can fax it directly to my office at 714-456-6010. **The deadline for teacher evaluations is December 7, 2014.**

Please rate the student on a scale of 1 to 5 (1 = Poor and 5 = Superior)

1 2 3 4 5 Academic performance

1 2 3 4 5 Responsibility / Leadership / Integrity

1 2 3 4 5 Attendance

1 2 3 4 5 Effort

1 2 3 4 5 Attitude toward fellow students

1 2 3 4 5 Attitude toward authority

1 2 3 4 5 Overall recommendation (should this student represent UC Irvine Medical Center?)

Comments:

Evaluator's Name _____

Signature _____