

**MENTOR EVALUATION
SHORT OFF-CAMPUS SUPPLEMENTAL EXPERIENCE
PURDUE UNIVERSITY SCHOOL OF VETERINARY MEDICINE**

To: _____

From: S. K. Salisbury, DVM, Associate Dean for Academic Affairs Date: _____

a 4th year veterinary student, who spent a 3- 5 work day off-campus experience with you between _____. Your report will be utilized by the instructor in charge of the rotation to establish a grade for this course. Please complete this evaluation and return it to the student in a sealed envelope.

Thank you for your support of our short off-campus block program. This experience provides an added dimension of excellence to our veterinary curriculum.

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I would evaluate this student's performance as follows (circle best rating:)

<u>Characteristic</u>	<u>Excellent</u>		<u>Average</u>		<u>Poor</u>	<u>No Opinion</u>
Academic Preparation	5	4	3	2	1	0
Academic Ability & Inquisitiveness	5	4	3	2	1	0
Manual Dexterity & Mechanical Skills	5	4	3	2	1	0
Problem-Solving (Diagnostic) Skills	5	4	3	2	1	0
General Attitude	5	4	3	2	1	0
Willingness to Work and Accept Responsibility	5	4	3	2	1	0
Oral Communication Skills	5	4	3	2	1	0
Written Communication Skills	5	4	3	2	1	0
Personal Appearance	5	4	3	2	1	0
Interpersonal Team Skills	5	4	3	2	1	0
Ethical Conduct	5	4	3	2	1	0
Motivation Toward Veterinary Career	5	4	3	2	1	0
Acceptance of Criticism	5	4	3	2	1	0
Judgment/Objectivity	5	4	3	2	1	0
Credibility/Integrity	5	4	3	2	1	0
Initiative (self-starter)	5	4	3	2	1	0
Dependability	5	4	3	2	1	0
Leadership	5	4	3	2	1	0
Emotional Stability	5	4	3	2	1	0
Neatness/Cleanliness	5	4	3	2	1	0

Comments (use back of form or a separate letter of evaluation)

Recommended grade (Please circle one) A B C D F

It is customary that we will hold this evaluation in confidence. However, many students desire to have feedback on their performances during the off-campus period. In that event, would you allow us to share your evaluation with the student? (Please circle one) Yes No

Signed: _____ Date: _____

Title: _____

Address: _____

Phone: _____