



The School of Adult & Continuing Education

SUPERVISOR'S EVALUATION FORM AND RECOMMENDATION (CONFIDENTIAL)

Dear Supervisor:

A member of your department is asking for your recommendation for admission to one of our programs. Your recommendation is a critical component of the admissions process. No applicant can be admitted to the program without the Supervisor's Evaluation Form being completed and submitted for evaluation. The completed application, including the Supervisor's Evaluation Form, will be processed by the Admissions Committee for admittance.

We are asking you to evaluate the applicant objectively giving your impression of him or her as a worker and as a learner. The attached form was developed to assist you in making your evaluation. Please give this evaluation careful consideration and add whatever comments you feel will help the Admissions Committee in making its decision.

Please assess the applicant's intellectual and emotional maturity, as well as the applicant's potential for success in higher education, specifically, potential academic success as well as performing progressive-level job duties. If the applicant is a recent recipient of an undergraduate degree, we are especially interested in knowing why you feel this candidate should be considered for admission to an educational program in higher education.

If the applicant has worked under your supervision less than six months, please ask the applicant to request an additional evaluation from his/her previous work supervisor. Please return the completed form to the applicant to be submitted with the application packet.

If you have additional questions or concerns, please do not hesitate to notify the University City Office of Admissions by dialing the number listed below or via email at ucadmissions@lincoln.edu. On behalf of the faculty and staff, we thank you for the valuable input and careful consideration you have provided in the admissions process at Lincoln University-University City.

Very truly yours,

Jernice Lea

Jernice Lea, Director
Student Services and Admissions



The School of Adult & Continuing Education Confidential Supervisor's Evaluation Form

Please print or type all information.

Name of Applicant: _____

Name of Agency: _____

Length of time applicant has worked with this agency: (Year/s) _____ (Month/s) _____

Length of time applicant has been under your supervision: (From) _____ (To) _____

I. Please respond to the following questions:

In your opinion, does the applicant demonstrate the ability to meet the demands of an academic program? Please comment on the applicant's strengths and weaknesses in the following areas: critical thinking, maturity, self-discipline, perseverance, ability to set goals and work toward them, the ability to use time responsibly, open-mindedness, stability and potential for advancement on the job. (Attach additional sheets if necessary.)

Is the applicant currently working in a position that requires a degree or its equivalent in skills and experience? _____ Yes _____ No

If no, please explain why you feel the candidate is appropriate for admission to an educational program and how his or her current job effectiveness will be improved by participation in our educational program.

Please provide any additional information on the applicant which will help the Admissions Committee in the review process.

II. Please rank the applicant on the qualities outlined below. Each item is ranked on a scale of 5 to 1 with 5 as the highest and 1 as the lowest. Check one answer for each item and include any comments necessary to explain your choice.

A. Applicant's capacity for change/openness to learning

5 4 3 2 1

Comments: _____

G. Applicant's capacity for self-evaluation

5 4 3 2 1

Comments: _____

B. Applicant's ability to work independently

5 4 3 2 1

Comments: _____

H. Applicant's capacity to use supervision effectively

5 4 3 2 1

Comments: _____

C. Applicant's ability to apply skills and knowledge

5 4 3 2 1

Comments: _____

I. Applicant's ability to work well with others

5 4 3 2 1

Comments: _____

D. Applicant's ability to think critically

5 4 3 2 1

Comments: _____

J. Applicant's sensitivity to current social problems/issues

5 4 3 2 1

Comments: _____

E. Applicant's ability to express self verbally

5 4 3 2 1

Comments: _____

K. Applicant's dedication to the human services/counseling field

5 4 3 2 1

Comments: _____

F. Applicant's ability to express self in written form

5 4 3 2 1

Comments: _____

L. Applicant's character, stability and integrity

5 4 3 2 1

Comments: _____

Please check the appropriate box. Add any comments, explanations, or concerns that you feel necessary.

I recommend the applicant for admission.

I do not recommend the applicant for admission.

Comments: _____

Please return this completed form to the applicant for submission with the application packet. **We appreciate your evaluation of this applicant.**

Name of Supervisor/Title (PLEASE PRINT)

Supervisor's Contact Number

Supervisor's Signature Date

Applicant's Signature Date