Confidential Assessment Form

Applicant Name

Area Code &

Return to:

Referee

Referee's name

Queen's School of Medicine 80 Barrie Street Kingston, ON K7L 3N6

Attn: Admissions Office

To the Applicant

- 1. Your name and email address should be recorded in the space to the right.
- 2. Forward this form to the referee.

	Pł	none Number
Position	_Er	mail Address
Department	_	the Referee
Address	1. -	Please check the appropriate rating box for each characteristic that most accurately represents your
Address		opinion of the applicant in comparison to a representative group of individuals who have had
Postal Code		approximately the same training and experience. Please print legibly in black ink.
Area Code &	- 2.	On your usual stationary, please comment on the applicant's moral and ethical character; strengths and
Phone Number		weaknesses; outstanding characteristics; and your
Email Address	-	ranking of the applicant from the chart and the questions below. Unfortunately, the medical schools
	3.	will not be able to give the applicant full consideration without this additional information. Forward this assessment and accompanying letter
Please indicate the size of the group you are using for comparison, if	٥.	directly to Queen's School of Medicine, do not issue to
applicable: (e.g.) Group of 50, 100)		the applicant. The information provided will not be made available to the applicant.
Appropriate Rating Top 5% Top 10% Top 20°	<u>~</u>	50% Below 50% Unable to Judge
Intellectual Capacity		,,,,,
Initiative		
Leadership Capabilities		
Maturity		
Cooperation		
Integrity		
Problem Solving		
Fluency in Spoken English		
Fluency in Written English		
Ability to Communicate		
Ability to Relate to Others		
Critical Thinking Ability		
Overall Rating		
I have known the applicant for(e.g. six months) in the calls the applicant the type of person who would make a good physician		
Referee's Name and Signature	-	Date
Please return this assessment and accompanying letter by May.10, 2018.		