

Sample Evaluation Form



How long have you known the applicant, and in what capacity?

Have you heard this presentation previously?

If yes, when and where?

Do you believe the clinician is capable of meeting the necessary logistical and financial requirements to present at Midwest?

Have you ever attended a Midwest Clinic?

Evaluator's Name _____

Title/Affiliation _____

Address _____

City _____ State _____ Postal

Code _____

Email _____ Office Phone _____

Home Phone _____

Please evaluate this applicant and include your thoughts about professional and personal traits. We are particularly interested in information that will differentiate this applicant from others.