

ACCEPTANCE OF CRITICISM

Not Observed

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6
Resents/rejects criticism Accepts/applies criticism

INTERPERSONAL SKILLS

Not Observed

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6
Inconsiderate of others Diplomatic/considerate of others

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COMMENTS: Please elaborate on your evaluation, based on your contact with the applicant, especially any traits marked at either extreme.

Relationship to applicant:
____ Teacher in one class
____ Teacher in several classes
____ Academic advisor for ____ years
____ Employer for ____ years
____ Other (specify) _____

Evaluator: _____
(Signature)

Title: _____

Address: _____

Date: _____

Please return in the attached addressed envelope by February 15th to:

*Program Director
UND Department of Nutrition and Dietetics
Room 20 O'Kelly Hall
221 Centennial Drive Stop 8237
Grand Forks, ND 58202-8237*