Seneca Park Zoo Aab Pre-Veterinary Fellowship Recommendation Form

<u>To be completed by applicant:</u>

Name: _____

Release of Access to this Letter: The applicant must complete and sign the following statement before submitting this form to the evaluator. This request is in compliance with Federal Law PL 93-380 (Family Education Rights and Privacy Act of 1974).

Check One and Sign:

_____ I waive my right to access this letter of evaluation.

_____ I do not waive my right to access this letter of evaluation.

Applicant Signature: _____   Date: _____

<u>To be completed by the evaluator</u>: The applicant named above intends to apply to a funded pre-veterinary fellowship at Seneca Park Zoo. The objective of the fellowship is to familiarize an academically qualified and experienced pre-veterinary college student with zoo animal medicine and welfare and conservation programs. Your evaluation is essential to selecting the most qualified applicant.

Please complete the evaluation and submit as a pdf electronically to chrismckinney@monroecounty.gov by 5pm EST on February 28. If you cannot submit an electronic version, please mail to Aab Pre-Veterinary Fellowship, Seneca Park Zoo, 2222 St. Paul Street, Rochester, NY 14621 for receipt by the March 29.

Name and Title: _____

Practice Name, Address and Phone Number: _____

_____

_____

1. **In what capacity have you known the applicant?** _____

_____

_____

_____

2. **Roughly, how many hours has the applicant worked or volunteered in your practice?**_____

_____

_____

3. **What animal species do you see in your practice?** _____

_____

On the chart below, check each item at the appropriate point on the competence scale which best indicates your rating of the applicant for each characteristic:

	Excellent	Satisfactory	Unsatisfactory	Not Observed
Initiative				
Promptness				
Communication				
Dependability / Trustworthiness				
Maturity				

Check your overall rating of this applicant:

___ Highly Recommend

___ Recommend

___ Recommend with Reservation(s)

___ Do Not Recommend

Please use the space below to share personal observations of the applicant if you wish, or you may attach a separate recommendation letter.

_____

_____

_____

_____

_____

_____

Signature: _____   Date: _____