



**Ophthalmic Technician Education Program
Evaluation Form**

PART I: To be completed by applicant

To the Applicant: Please complete the first page of this evaluation form. When complete, please forward the evaluation form to the evaluator.

Applicant Name: _____

Applicant Email: _____

Applicant Telephone Number: _____

Waiver of Access

I have chosen to have this evaluation statement remain:

(A) _____ Confidential*

(B) _____ Not Confidential

(*Applicant will not have access to confidential evaluations)

I understand that the USC Roski Eye Institute does not require me to execute this waiver and will review my application without regard to my choice.

Signature _____

Date _____



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PART II: To be completed by employer, volunteer supervisor, counselor, or teacher

To the Evaluator: The applicant listed in Part I above is applying for admission to the USC Roski Eye Institute ***Ophthalmic Technician Education Program*** (OTEP). OTEP is a 21-month training program that prepares individuals interested in a career as ophthalmic technicians. Ophthalmic technicians are skilled allied health professionals who perform ophthalmic tests and procedures under the direction or supervision of a licensed ophthalmologist. Students in the OTEP program will take a series of courses and participate in clinical rotations at USC facilities. Upon successful completion of OTEP, students will be required to take the national Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO) examination in order to become Certified Ophthalmic Technicians.

Your evaluation is a critical component of the candidate’s application process. You may electronically submit the evaluation to reiotep@usc-eye.org **or** place the completed evaluation form in a sealed envelope, sign across the closure and mail the evaluation form directly to:

USC Roski Eye Institute
1450 San Pablo Street
Room 3614
Los Angeles, CA 90033
Attn: OTEP Director

Evaluator’s Name: _____

Evaluator’s Title: _____

Evaluator’s Email: _____ **Evaluator’s Phone: Number** _____

1. In what capacity is the applicant known to you?

2. How long have you known this candidate?

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3. The scale below should be used by the evaluator as a guide to evaluate the applicant in the areas indicated. Please complete the table by checking (✓) the appropriate box and include comments if needed.

	No Basis for Comment	5=Excellent	4=Good	3=Satisfactory	2=Fair	1=Poor
Academic Achievements						
Comments						
Initiative						
Comments						
Dependability						
Comments						
Ability to Express Self						
Comments						
Integrity						
Comments						
Self-Confidence						
Comments						
Leadership Ability						
Comments						
Teamwork						
Comments						
Attitude						
Comments						
Responsibility						
Comments						
Attendance/Punctuality						
Comments						
Analytic Ability						
Comments						
Emotional Maturity						
Comments						
Verbal Communication Skills						
Comments						
Written Communication Skills						
Comments						



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Please add any additional comments that may assist in the evaluation of the applicant in the box below.

Additional Comments:

I recommend this applicant **Without Reservation** **With Reservation** **Would not Recommend**

Evaluator's Signature: _____ **Date:** _____

Thank You