Letter of Recommendation

Applicant Name: ______________________________________

________________________________________________________________________________________________

Applicant: Inform your recommender of the application deadline. This letter of recommendation, submitted in support of your admission to graduate study, will be kept confidential. The Family Education Rights and Privacy Act of 1974 and its amendments, guarantee you access to educational records concerning yourself. You also are permitted by those laws to voluntarily waive that right of access.

I waive my right of access to this letter of recommendation from __________________________________________ (Name of recommender)

I do not waive my right of access to this letter of recommendation from __________________________________________ (Name of recommender)

Signature: ___________________________________________________ Date: __________________________________________________

Recommender: The person named above is applying for admission to the Residency in Primary Care Optometry at Group Health Cooperative in Tacoma, Washington.

Please give your personal impressions of the applicant's intellectual ability, knowledge base in optometric care and health sciences, capacity for analytical thinking, clinical acumen, professional skills, and ability to relate with patients. Comment on the applicant's character, the quality of previous work, and the promise of productive scholarship. If applicable, include any known obstacles the applicant may have had to overcome to attain his/her educational goals (e.g., economic, social, cultural, educational, or other disadvantages).

How long and in what capacity have you known the applicant? __________________________________________________________
Letter of Recommendation

Applicant Name: ______________________________________

________________________________________________________________________________________________

Please rate this applicant in overall promise (check one).

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>Inadequate opportunity to observe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below Average (Lowest 50%)</td>
<td>Average (51%-70%)</td>
<td>Somewhat Above Average (71%-80%)</td>
<td>Good (81%-90%)</td>
<td>Superior (91%-95%)</td>
<td>Outstanding (96%-99%)</td>
<td>Truly Exceptional (Top 1%)</td>
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</tr>
</tbody>
</table>

Please check boxes below, if applicable.

Best student this year  Best student in five years  Best student in ten years  Best student in ___ years

Recommender's name (please print):___________________________________________________

Position or title: ______________________________________ School or company:___________________________

Address: ___________________________________________________________________________

Signature: _____________________________ Date: _____________________________

Please mail this form directly to:

Terrence Clark, O.D., F.A.A.O.
Optometry Residency Program Coordinator
Eye Care Services
Group Health Cooperative
5821 S. Sprague Ct.
Tacoma, WA 98409