

Robbie Sivak Memorial Scholarship presented by ASCE Southwest Wisconsin Branch Student Evaluation Form

APPLICANT'S NAME (printed)	APPLICANT'S SIGNATURE (I waive my right to see this completed form)

Applicant

Please fill in your name, sign the waiver, and provide the form and an addressed, stamped envelope to your evaluator.

Evaluator

Your name has been given as a reference by the individual named above who is applying for the ASCE scholarship. We appreciate your objective consideration of the requested information.

The completed form must be postmarked no later than **October 4th, 2016**, and sent to:

Jeffrey W. Barker, ASCE Scholarship Chair
 Realtime Utility Engineers
 2908 Marketplace Drive
 Fitchburg, WI 53719
 Cell: (608) 509-2363
 Fax: (608) 906-7949
 E-mail: jbarker@rue-inc.com

EVALUATOR'S NAME AND AFFILIATION	EVALUATOR'S TITLE
DATE OF EVALUATION	PERIOD OF ASSOCIATION
	From: _____ To: _____
RELATIONSHIP TO APPLICANT	
<input type="checkbox"/> Employer <input type="checkbox"/> Dept. Chair <input type="checkbox"/> Teacher <input type="checkbox"/> Dean <input type="checkbox"/> Faculty Advisor <input type="checkbox"/> Other	

In your consideration, please compare the applicant to a typical representative group of individuals in the same department with a similar background. The distribution in such a group would be about:

- (1) *Outstanding* - above 90th percentile
- (2) *Better than average* - 80-89th percentile
- (3) *Average* - 70-79th percentile
- (4) *Below average* - up to 69th percentile
- (5) *No basis for judgement*

EVALUATION OF APPLICANT	1	2	3	4	5		1	2	3	4	5
Productivity						Flexibility-Adaptability					
Ability to work independently						Ability to work with others					
Initiative						Originality					
Attendance						Judgment					
Dependability						Oral communication skills					
Capacity for development						Written communication skills					
Ability to work for others						Quality of work					

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Wisconsin Branch
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WOULD YOU BE WILLING TO EMPLOY OR RE-EMPLOY THIS PERSON IF YOU HAD AN OPENING (IF APPLICABLE)?

Yes (in what capacity)

No (give reasons)

ADDITIONAL COMMENTS (REQUIRED)