

AEROSPACE MEDICINE ELECTIVE Letter of Evaluation

This section is to be completed by the applicant.

Name of applicant:	
Signature of applicant:	Date:

This section is to be completed by the evaluator.

The Canadian Space Agency would be grateful if you would give us your candid evaluation of this applicant. Please complete and return this form to:

Operational Space Medicine – Post-Graduate Training
 Astronauts, Life Science and Space Medicine
 John H. Chapman Space Centre
 6767 Route de l'Aéroport
 St-Hubert, QC J3Y 8Y9

1. How long, and in what capacity, have you known the applicant?

2. Please indicate your opinion of the applicant's ability and professional competence in comparison with other individuals whom you have known at similar stages of their careers.

	Excellent	Very Good	Good	Average	Below Average	No opportunity to observe
Knowledge						
Knowledge in his/her field						
Attitude towards learning						
Research						
Aptitude for research						
Ability to think analytically						
Interpersonal skills						
Ability to work with superiors						
Ability to work in team						
Ability to interact with patients						
Communication/Education						
Ability to communicate information, knowledge and ideas						
Motivation to educate others						
Other						
Initiative						
Leadership skills						
Ability to work independently						
Open-mindedness						

PROTECTED WHEN COMPLETE

Necessary measures have been taken to protect the confidentiality of the information you provide. The information you provide is collected under the authority of the CSA Act. This information will be used for the selection of candidates for the Aerospace Medicine Elective. Personal information of candidates not retained will be stored in the Personal Information Bank, CSA PPU 030, for 2 years. Personal information (such as contact information, biographical information, etc) about the successful candidates will be retained along with the results of their research for historical purposes. It is protected under the Privacy Act. According to the Privacy Act, the individual being evaluated has rights with respect to the information you submit. This individual may, upon request, (1) be given access to his/her file and (2) have incorrect information corrected or have a notation attached.

3. Please elaborate on your evaluation of the applicant including comments on his/her character and interpersonal skills.

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4. Please indicate your overall endorsement of this applicant:

- Recommend highly
- Recommend
- Recommend with reservation

Name of evaluator:	
Position/title:	
Organization:	
Address:	
Telephone:	Email:
Signature:	Date:

Thank you for your time.

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