

**EyeSTAR Program Evaluation**  
*Specialty Training and Advanced Research*  
**Jules Stein Eye Institute and Department of Ophthalmology**  
**David Geffen Medical School at University of California, Los Angeles**

---

**Evaluation**

**Applicant:** Please complete the top portion and give this form to those who can best judge your aptitude for an academic medical career. This form should be mailed by the Evaluator. One of these must be the mentor of your most recent extensive research project.

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Current Institution:** \_\_\_\_\_

**Evaluator:** The applicant is being considered for a position in the EyeSTAR Program for combined research and ophthalmology clinical training, leading to a Ph.D., or a research post-doctoral fellowship if the applicant has already obtained a Ph.D. We would like your opinion of the candidate as a future physician-scientist in ophthalmology. Please mark the evaluation below. We would also appreciate your candid appraisal of the applicant's strengths and weaknesses in an accompanying letter.

If you were a research mentor of the applicant, please provide your analysis of the applicant's ability to function independently in your laboratory and his/her intellectual contribution to the laboratory's work. Most importantly, please address the applicant's potential for significant research contributions in the future. Also, please comment on the applicant's depth of knowledge in his/her chosen area of research.

**Evaluator's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Relationship to the applicant? :** \_\_\_\_\_

<b>PLEASE MARK:</b>	<b>Top 1%</b>	<b>Top 10%</b>	<b>Top 33%</b>	<b>Other</b>	<b>Unable to Comment</b>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in the Science of					
Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to:

**Joseph L. Demer, M.D., Ph.D.,** EyeSTAR Committee  
Jules Stein Eye Institute, 100 Stein Plaza, UCLA, Los Angeles, CA 90095-7002  
Phone: 310-825-5931 FAX: 310-206-7826