



NIH – National Institute of Diabetes, Digestive, and Kidney Diseases  
 Institutional National Research Service Award (T32)

Research Training in Pediatric Nonmalignant Hematology and Stem Cell  
 Biology

**POSTDOCTORAL EVALUATION FORMS**

*Applicant: Please fill out Section 1 and then send the form to the Evaluator.*

*Evaluator: Please fill out the rest of the form, sign it, and send it to Dr. Sakamoto.*

Fax or email to:

Dr. Kathleen Sakamoto (P.I.)  
 Division of Pediatric Hematology/Oncology  
 Stanford University School of Medicine  
 CCSR 1215C, 269 Campus Drive  
 Stanford, CA 94305-5162  
 Phone: 650-725-7126  
 Fax: 650-723-6700  
 Email: kmsakamo@stanford.edu

1. **NOTE TO EVALUATOR:** \_\_\_\_\_ (*postdoctoral applicant*) has selected you as a reference to support his/her application for research training with

\_\_\_\_\_ (*mentor/mentors*) at Stanford. Please complete this form and mail it to the address given above. Timely receipt of the completed evaluation is crucial. You may fax your materials, as well as sending them by regular post, if time constraints present a problem.

2. Rate the applicant on the items below by a numerical score of 1 to 5, basing such ratings on the degree of accomplishment you usually expect of individuals at this level (1-outstanding, 2-above average, 3-average, 4-below average, 5-poor, X-insufficient knowledge to rate).

- |   |  |
|---|--|
| <input type="checkbox"/> A. Originality               | <input type="checkbox"/> F. Perseverance in Pursuing Goals       |
| <input type="checkbox"/> B. Accuracy                  | <input type="checkbox"/> G. Ability to Organize Scientific Data  |
| <input type="checkbox"/> C. Research Ability          | <input type="checkbox"/> H. Familiarity with Research Literature |
| <input type="checkbox"/> D. Scientific Background     | <input type="checkbox"/> I. Proficiency in Laboratory Work       |
| <input type="checkbox"/> E. Ability to Exchange Ideas | <input type="checkbox"/> J. Ability to Write Journal Articles    |

3. Expand on the points above and describe qualifications and traits you consider of special significance in judging this applicant's fitness for a research career **by attaching your Letter of Recommendation to this form.**

4. Indicate dates during which you were associated with this applicant: \_\_\_\_\_

Capacity at that time (teacher, advisor, etc.): \_\_\_\_\_

Your Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Institution: \_\_\_\_\_

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

\_\_\_\_\_  
**SIGNATURE OF EVALUATOR**

\_\_\_\_\_  
**DATE**