

RECOMMENDATION FORM

To the applicant: Please complete the following:

Name: _____ **Date of Graduation:** _____
(last, first, middle or maiden)

The applicant should sign and date one of the following statements:

- 1) I wish to have access to this letter and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C.A. Par. 1323 g (a) (1) and P.L. 397 of 1978, I have the right to read this recommendation.

Applicant's Signature _____ Date _____

- 2) I wish this letter to be confidential and I hereby waive any and all access rights granted me by the above laws to this recommendation.

Applicant's Signature _____ Date _____

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Name: _____ Date of Graduation: _____

Please rate the applicant on the qualities that you feel you can judge on the grid below. Provide narrative discussion of ratings on page 2.

O - outstanding, MS - more than satisfactory,
 SAT - satisfactory, NI - needs improvement, U - unsatisfactory
 NO - not observed or no basis for judgment

| | O | MS | SAT | NI | U | NO |
|------------------------------------------|----------|-----------|------------|-----------|----------|-----------|
| Application of Knowledge | | | | | | |
| Nutrition Care | | | | | | |
| Foodservice Management | | | | | | |
| Analytical Skills/Problem Solving | | | | | | |
| Conceptual Skills | | | | | | |
| Communication Skills | | | | | | |
| Oral | | | | | | |
| Written | | | | | | |
| Interpersonal Skills | | | | | | |
| Peers/Co-Workers | | | | | | |
| Teachers/Supervisors | | | | | | |
| Leadership Potential | | | | | | |
| Initiative | | | | | | |
| Adaptability | | | | | | |
| Reaction to Stress | | | | | | |
| Motivation | | | | | | |
| Creativity | | | | | | |
| Forethought | | | | | | |
| Works Independently | | | | | | |
| Responsibility/Maturity | | | | | | |
| Overall Potential as a Dietitian | | | | | | |

Relationship to Applicant: _____ Advisor _____ Teacher _____ Work Supervisor

_____ Other: Please Indicate _____

How long have you known applicant? _____

How well do you know applicant? _____

Do You: **Highly Recommend** **Recommend** **Not Recommend**

(Circle appropriate #) 5 4 3 2 1

Additional Information: Use to amplify or add to characteristics rated on page 1.
Please indicate applicant's strengths and those qualities that require further development. (May attach a separate sheet/letter)

Strengths:

Qualities that Require Further Development:

Name (please print or type) _____

Signature _____ **Date** _____

Position _____

Place of Employment _____

Address _____

Phone _____