

WAIVER and 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 _____

Please rate the applicant on the qualities you feel you can judge on the grid below. Indicate your perception of the student's readiness to function in a dietetic internship program at this time. Provide comments of ratings and your signature on next page.

Student's Name _____ Actual or Expected Date of Graduation _____

O – Outstanding; MS - More than Satisfactory; SAT – Satisfactory; NI - Needs Improvement, U - unsatisfactory

	O	MS	SAT	NI	U	Unable to Evaluate
Application of Knowledge						
Nutrition Content	<input type="checkbox"/>					
Medical Nutrition Therapy	<input type="checkbox"/>					
Foodservice Management	<input type="checkbox"/>					
Analytical Skills/Problem Solving	<input type="checkbox"/>					
Conceptual Skills	<input type="checkbox"/>					
Communication Skills						
Oral	<input type="checkbox"/>					
Written	<input type="checkbox"/>					
Interpersonal Skills						
Peers/Co-Workers	<input type="checkbox"/>					
Teachers/Supervisors	<input type="checkbox"/>					
Leadership Potential	<input type="checkbox"/>					
Initiative/Motivation	<input type="checkbox"/>					
Punctuality	<input type="checkbox"/>					
Adaptability	<input type="checkbox"/>					
Reaction to Stress	<input type="checkbox"/>					
Perseverance	<input type="checkbox"/>					
Creativity	<input type="checkbox"/>					
Organizational Skills	<input type="checkbox"/>					
Works Independently	<input type="checkbox"/>					
Responsibility/Maturity	<input type="checkbox"/>					
Overall Potential as a Dietitian	<input type="checkbox"/>					

Relationship to Applicant: Advisor: Teacher: Work Supervisor: Other:

If Other, please indicate relationship: _____

How long have you known applicant? _____

How well do you know applicant? _____

Do You: Highly Recommend Recommend Not Recommend
 (Check appropriate box.) 5 4 3 2 1

Additional Information: Use to amplify or add to characteristics rated on previous page. Indicate applicant's strengths and those qualities that require further development. (May use a separate sheet or letter.)

Strengths:

Qualities that Require Further Development:

Name _____

Signature _____ **Date** _____

Position _____

Place of Employment _____

Address _____

Phone _____ **E-mail** _____