

Request for Recommendation

To the Applicant:

Please complete the top of this form and submit to the evaluating individual.

Name of Applicant _____

In compliance with the Federal Privacy Right of Parents, and Students (Buckley Amendment), any recommendation or letter that becomes part of the record for enrolled students will be available to the student, unless the student has signed a waiver. If you wish to waive your right of access to this letter, please select and sign the student's right of access below.

I waive do not waive my right of access to the completed evaluation under the Family Education Rights and Privacy Act of 1974.

Signature _____ Date _____

To the Respondent:

The rest of this form should be completed by the person making the recommendation.

To be received no later than Friday, February 6, 2015 by:

Kathi Hakes
Program Manager - Career Development Ctr
Parkland Health & Hospital System
5201 Harry Hines Blvd
Dallas, TX 75235

This form is accepted by mail or email to kathi.hakes@phhs.org

Section A - KNOWLEDGE OF THE APPLICANT

1) Approximately how long have you known the applican _____ Years _____ Months

2) How well do you know the applicant? Casually Well Very Well

3) In what capacity do you know the applicant?

Coach Employer Manager Subordinate Work Colleague

Other (Please Specify) _____

Section B - APPLICANT'S POTENTIAL AS A RISE TO SUCCESS STUDENT:

Directions: Please select one rating for each of the abilities list in the table below.

	Exceptional	Above Average	Average	Below Average	No Information
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Express Ideas Orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation to Achieve	<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"/>
Leadership Aptitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4) Please express your view about this individual's ability to function as a student in the Rise to Success Youth Program, and to succeed as a leader in healthcare.

5) In summary, the weight of my overall recommendation would be:

- Very Strong
 Strong
 Average
 Recommendation with Reservations
 No Recommendation

Signature of Respondent _____ Date: _____

Name Printed or Typed: _____

Title: _____ Phone: _____

Organization: _____

Address: _____ City/ State/ Zip: _____