**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** |
| **A****pplication of Knowledge**  Nutrition Content |  |  |  |  |  |  |
| Medical Nutrition Therapy |  |  |  |  |  |  |
| Foodservice Management |  |  |  |  |  |  |
| **Analytical Skills/Problem Solving** |  |  |  |  |  |  |
| **Conceptual Skills** |  |  |  |  |  |  |
| **Communication Skills**  Oral |  |  |  |  |  |  |
| Written |  |  |  |  |  |  |
| **Interpersonal Skills**  Peers/Co-Workers |  |  |  |  |  |  |
| Teachers/Supervisors |  |  |  |  |  |  |
| **Leadership Potential** |  |  |  |  |  |  |
| **Initiative/Motivation** |  |  |  |  |  |  |
| **Punctuality** |  |  |  |  |  |  |
| **Adaptability** |  |  |  |  |  |  |
| **Reaction to Stress** |  |  |  |  |  |  |
| **Perseverance** |  |  |  |  |  |  |
| **Creativity** |  |  |  |  |  |  |
| **Organizational Skills** |  |  |  |  |  |  |
| **Works Independently** |  |  |  |  |  |  |
| **Responsibility/Maturity** |  |  |  |  |  |  |
| **Overall Potential as a Dietitian** |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:**  (Check appropriate box.) | **Highly Recommend** |  | **Recommend** |  | **Not Recommend** |
| 5 | 4 | 3 | 2 | 1 |

**Prepared by The American Dietetic Association and Dietetic Educators of Practitioners Practice Group for optional use by dietetics education programs (2004).**

**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** |  |