

Employer Recommendation Form 2019



Coordinated Program in Dietetics University of Missouri

To the applicant: Please complete the following:

Name _____ Date _____

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.D.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 _____

Section 2: Compared to other individuals at this level of employment, please rate the applicant on the following attributes:

	Top 10%	Top 25%	Top 50%	Below 50%	Not observed
Willingness to Learn					
Decision-making					
Initiative					
Dependability					
Adaptability					
Verbal Communication					
Written Communication					
Cooperation					
Poise and Tact					
Appropriate Peer Interaction					
Leadership Potential					
Overall Potential as a Professional					

Please proceed to next page

Additional Information: Use the space below to amplify or add to characteristics rated on reverse side.

Please indicate applicant's strengths and those qualities that require further development. (May use second sheet)

Strengths:

Qualities that Require Further Development:

(1) **Relationship to Applicant:** Supervisor _____ Other (Describe)

Please Indicate:

(2) How long have you known applicant? _____

(3) How well do you know applicant?

Very well Somewhat well Not very well Not well at all

(4) Do you: Highly Recommend Recommend Not Recommend

Name (please print or type) _____

Signature _____

Position _____

Address _____

Phone _____