**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____________________

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

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<thead>
<tr>
<th></th>
<th>Top 10%</th>
<th>Top 25%</th>
<th>Top 50%</th>
<th>Below 50%</th>
<th>Not observed</th>
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<tbody>
<tr>
<td>Willingness to Learn</td>
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<td>Decision-making</td>
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<td>Initiative</td>
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<td>Dependability</td>
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<td>Adaptability</td>
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<td>Verbal Communication</td>
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<td>Written Communication</td>
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<td>Cooperation</td>
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<td>Poise and Tact</td>
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<td>Appropriate Peer Interaction</td>
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<td>Leadership Potential</td>
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<td>Overall Potential as a Professional</td>
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</table>

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**________________________________________________________________________________

Revised 11/6/18