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	☐	☐	☐	☐	☐	☐
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** 5 ☐	4 ☐	**Recommend** 3 ☐	2 ☐	**Not Recommend** 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 xxx-xxx-xxxx **E-mail** _____