

## WAIVER and RECOMMENDATION FORM

**To the applicant:** Please complete the following:

**Name:** \_\_\_\_\_  
(Last, first, middle or maiden)

**Date:** \_\_\_\_\_

### Instructions

**Applicant:** Select if you wish to have access or wish to waive access to this recommendation below. **Select only one.** Provide a copy of this waiver to each person you are requesting a recommendation from.

**Person completing the recommendation:** Please attach a copy of this waiver to your completed recommendation. If the recommendation is meant to be confidential, please return it to the candidate in a sealed envelope. If providing electronically, please email it to the internship director at [amanda.maucere@flhealth.gov](mailto:amanda.maucere@flhealth.gov)

- 1) I wish to have access to this recommendation, 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 recommendation to be confidential and I hereby waive all access rights granted me by the above laws to this recommendation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**To the person completing the recommendation:** Please rate the applicant on the qualities you feel you can judge on the grid below. Indicate your perception of the applicant's readiness to function in a dietetic internship program. Provide comments of ratings and your signature on the next page.

Applicant's Name \_\_\_\_\_

O – Outstanding; MS - More than Satisfactory; SAT – Satisfactory; NI - Needs Improvement; U - unsatisfactory

|   | O                        | MS                       | SAT                      | NI                       | U                        | Unable to Evaluate       |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Overall communication</b>              | <input type="checkbox"/> |
| <b>Interactions with peers</b>            | <input type="checkbox"/> |
| <b>Interactions with supervisors</b>      | <input type="checkbox"/> |
| <b>Leadership potential</b>               | <input type="checkbox"/> |
| <b>Initiative and motivation</b>          | <input type="checkbox"/> |
| <b>Punctuality</b>                        | <input type="checkbox"/> |
| <b>Adaptability</b>                       | <input type="checkbox"/> |
| <b>Reaction to stress</b>                 | <input type="checkbox"/> |
| <b>Perseverance</b>                       | <input type="checkbox"/> |
| <b>Creativity</b>                         | <input type="checkbox"/> |
| <b>Organizational skills</b>              | <input type="checkbox"/> |
| <b>Independent work quality</b>           | <input type="checkbox"/> |
| <b>Responsibility/Maturity</b>            | <input type="checkbox"/> |
| <b>Knowledge: Nutrition and Dietetics</b> | <input type="checkbox"/> |
| <b>Knowledge: Public Health</b>           | <input type="checkbox"/> |
| <b>Knowledge: Critical thinking</b>       | <input type="checkbox"/> |
| <b>Knowledge: Problem solving</b>         | <input type="checkbox"/> |
| <b>Overall professionalism</b>            | <input type="checkbox"/> |
| <b>Overall potential as a dietitian</b>   | <input type="checkbox"/> |

**Relationship to Applicant:** Teacher:  Co-worker:  Supervisor:  Other:

Describe the relationship if "Other": \_\_\_\_\_

**How well do you know the applicant?** Very well:  Somewhat well:  Not so well:

| Do You:<br>(Check appropriate box.) | Highly<br>Recommend        | Recommend                  | Not Recommend  |
|-------------------------------------|----------------------------|----------------------------|--|
|                                     | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> |

**Additional Information:** Please address the following statements to amplify or add to characteristics rated on the previous page. You may address the statements below or use a separate sheet/personal letter of reference.

**Describe the applicant's strengths:**

**Describe the applicant's qualities that require further development:**

**How would you describe the applicant's professionalism?**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_