

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

- 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
Overall communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactions with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactions with supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent work quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility/Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge: Nutrition and Dietetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge: Public Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge: Critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge: Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall potential as a dietitian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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: (Check appropriate box.)

Highly 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:** _____