**RECOMMENDATION FORM RELEASE**

**To the applicant:** Please complete the following and include this page on the top of the recommendation form you provide to the person completing your recommendation.

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

Anticipated Graduation 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.S.D.A. Par. 1323 g (a) (1) and P.L. 397 of 1978, I have the right to read this recommendation.

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I wish the 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coordinated Program (CP) Recommendation Form**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please complete this reference form for the CP applicant. You may send the completed form along with the signed waiver from the applicant to:**

1. **Amber Howells, 202 Justin Hall, 1324 Lovers Lane; Kansas State University, Manhattan, KS 66506 OR**
2. **Provide the completed form and waiver to the applicant in a sealed envelope with your signature across the seal for the applicant to include in their application portfolio.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your relationship to applicant:**

**How long have you known this applicant?**

**Please rate the CP applicant based on the following criteria**

1. Demonstrated listening and comprehension skills in order to provide effective customer service or achieve work assignments?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** | **Not Observed** |
| **1** | **2** | **3** | **4** | **5** |  |

2. Demonstrated follow-through with assigned tasks and responsibilities with minimal reminders?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** | **Not Observed** |
| **1** | **2** | **3** | **4** | **5** |  |

3. Complied with the rules, protocols and requirements of your organization/course?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** | **Not Observed** |
| **1** | **2** | **3** | **4** | **5** |  |

4. Worked willingly as a team member?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** | **Not Observed** |
| **1** | **2** | **3** | **4** | **5** |  |

5. Prioritized tasks to complete work assignments on time?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** | **Not Observed** |
| **1** | **2** | **3** | **4** | **5** |  |

6. Provided suggestions in a constructive manner?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** | **Not Observed** |
| **1** | **2** | **3** | **4** | **5** |  |

7. Demonstrated provision of effective customer service?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** | **Not Observed** |
| **1** | **2** | **3** | **4** | **5** |  |

8. Could adapt to challenging situations?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** | **Not Observed** |
| **1** | **2** | **3** | **4** | **5** |  |

What particular or unique skills does this CP applicant possess that would allow she/he to be successful in the CP program and professional practice?

If you hired registered dietitians, would you consider hiring this CP applicant after graduation?

Yes\_\_\_\_\_ No\_\_\_\_\_\_ Maybe\_\_\_\_\_\_

Please comment on why you would/would not hire this CP applicant after graduation.

Please add any additional comments that would be helpful to the CP Interview Committee.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_