



## LEND TRAINEE RECOMMENDATION FORM

For assistance or information regarding  
this form contact the LEND office at:

(914) 493-8175

Or email:

[wihdlend@wihd.org](mailto:wihdlend@wihd.org)

### TO BE COMPLETED BY APPLICANT:

Applicant's Name

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Name of reference

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Title of reference

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Organization

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Email address of reference

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Telephone number of reference

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Under the Federal Educational Rights and Privacy Act of 1974 as amended (P. L. 93-380) students are entitled to review their records, including letters of recommendation. It is the student's option to waive their rights to access their recommendations or to decline to do so. Westchester Institute for Human Development, (WIHD) does not require that you make such a waiver as a condition of acceptance.

Check one:

I waive my right of access to this recommendation form.

I do not waive my right of access to this recommendation form.

Applicant's Signature: \_\_\_\_\_

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

[Typing your name indicates your verification and acceptance of the above information.]

**IMPORTANT: Adobe Reader XI is required to save completed information on Recommendation Form, and is available free at: <http://get.adobe.com/reader/>**

Once saved, please send your completed form to the person filling out your recommendation by email, or you may simply print out your form and forward by mail, scan and email, or Fax to them for completion.

**TO BE COMPLETED BY THE PERSON MAKING THE RECOMMENDATION:**

**IMPORTANT! Adobe Reader XI is required to save completed information on Recommendation Form, and is available free at: <http://get.adobe.com/reader/>**

Once saved, please send your completed forms to: **wihdlend@wihd.org** or you may simply print out your form and Fax to (914) 493-1973, scan and email, or forward by mail to:

**Dr. Jenean Castillo  
Westchester Institute for Human Development  
Cedarwood Hall, 20 Plaza West, Room 332  
Valhalla, NY 10595**

**Applicant's name** \_\_\_\_\_

The person named above is applying for the Leadership Education in Neurodevelopmental and related Disabilities (LEND) Program at Westchester Institute for Human Development (WIHD) and has selected you as a reference. WIHD's LEND program is one of 43 interdisciplinary leadership training programs funded by the federal Maternal and Child Health Bureau (MCHB) to prepare leaders who will create positive change for children with disabilities and their families in roles in clinical systems and programs, research, teaching, training, advocacy and policy. We are interested in your input concerning this trainee as a future leader in working with and on behalf of children with disabilities and their families.

This form is in addition to any *clinical* letter of recommendation that you *may have* provided for the applicant, and is specific to the application to participate in the LEND leadership training program.

**Please respond to the following concerning the applicant:**

How long have you known the applicant?

<One Year

One to Five Years

>Five Years

How well do you know the applicant?

Very Well

Fairly Well

Not Well

In what role did the applicant relate to you?

Student

Employee

Colleague

Supervisee or Clinical Supervisee

Please describe your role: (for instance: departmental faculty or leadership; faculty dissertation, thesis, or research advisor; internship or practicum supervisor; clinical placement supervisor, etc)

Please describe applicant traits or accomplishments that wil help him/her to be successful in the LEND Program and to assume a leadership role in the future.

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

Please rate the applicant in each of the categories listed below as compared to others at the same level and cite specific examples that support your rating.

**Ratings**  
Outstanding = Top 5%  
Very Good =Top 10%  
Good =Top 25%  
Average =Top 50%  
Below Average= Below 50%  
Unknown

<b>Critical Thinking &amp; Analysis Skills</b>	Top 5%	Top 10%	Top 25%	Top 50%	Below 50%	Unknown
Rating:						
Comments:						

  

<b>Organizational Skills</b>	Top 5%	Top 10%	Top 25%	Top 50%	Below 50%	Unknown
Rating:						
Comments:						

<b>Interpersonal Skills</b>	Top 5%	Top 10%	Top 25%	Top 50%	Below 50%	Unknown
Rating:						
Comments:						

<b>Commitment to Learning</b>	Top 5%	Top 10%	Top 25%	Top 50%	Below 50%	Unknown
Rating:						
Comments:						

<b>Ethics</b>	Top 5%	Top 10%	Top 25%	Top 50%	Below 50%	Unknown
Rating:						
Comments:						

<b>Communication Skills</b>	Top 5%	Top 10%	Top 25%	Top 50%	Below 50%	Unknown
Rating:						
Comments:						
<b>Judgment &amp; Common Sense</b>	Top 5%	Top 10%	Top 25%	Top 50%	Below 50%	Unknown
Rating:						
Comments:						
<b>Emotional Stability &amp; Security</b>	Top 5%	Top 10%	Top 25%	Top 50%	Below 50%	Unknown
Rating:						
Comments:						

<p><b>Leadership Potential</b></p> <p>Rating:</p> <p>Comments:</p>	Top 5%	Top 10%	Top 25%	Top 50%	Below 50%	Unknown
<p><b>Motivation towards a Successful &amp; Productive Career</b></p> <p>Rating:</p> <p>Comments:</p>	Top 5%	Top 10%	Top 25%	Top 50%	Below 50%	Unknown
<p><b>Professionalism</b></p> <p>Rating:</p> <p>Comments:</p>	Top 5%	Top 10%	Top 25%	Top 50%	Below 50%	Unknown

Please indicate the confidence with which you would or would not recommend the applicant for acceptance to the WIHD LEND program:

Recommend

Recommend with reservations

Do not recommend

Reference's Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Reference's Signature \_\_\_\_\_ Date \_\_\_\_\_

[If completing electronically, please just type name on signature line.]

**This form is to be returned to [wihdlend@wihd.org](mailto:wihdlend@wihd.org) by the person providing the reference.**