

Westchester Institute for Human Development Cedarwood Hall, Valhalla, NY 10595 (914) 493-8150 • wihd.org

LEND TRAINEE RECOMMENDATION FORM

For assistance or information regarding this form contact the LEND office at: (914) 493-8175
Or email: wihdlend@wihd.org

William Gray William Sig

TO BE COMPLETED BY APPLICANT:

Prior to completing this form, please save this fillable PDF document on your computer desktop/files. Once you complete the section pertaining to you in the form, hit save again and email it to your recommender. Applicant's Name Name of reference Title of reference Organization Email address of reference Telephone number of reference 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.]

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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/

Prior to completing this form, please save this fillable PDF document on your computer desktop/files. Once you have completed the form, please save and email it to windlend@wind.org, or you may simply print out your form and Fax to (914) 493-1973, scan and email, or forward by mail to:

The person named above is applying for the Leadership Education in Neurodevelopmental and

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

related Disabilities (LEND) Program at has selected you as a reference. WIHD training programs funded by the federal leaders who will create positive change clinical systems and programs, research interested in your input concerning this children with disabilities and their familia	o's LEND program is one of 52 inter of Maternal and Child Health Bureau of for children with disabilities and the oth, teaching, training, advocacy and trainee as a future leader in workin	disciplinary leadership (MCHB) to prepare eir families in roles in policy. We are
This form is in addition to any <i>clinical</i> leapplicant, and is specific to the applica		•
Please respond to the following con	cerning the applicant:	
How long have you known the applicar	nt?	
One Year	One to Five Years	>Five Years
How well do you know the applicant?		
O Very Well	C Fairly Well	O Not Well
In what role did the applicant relate to	you?	
Student Employee	e Colleague Superv	visee or Clinical Supervisee
		Page 2 of

Applicant's name_

Please describe your role: (for instance: departmental faculty or lea	
thesis, or research advisor; internship or practicum supervisor; clinic	cal placement supervisor, etc
Please describe applicant traits or accomplishments that will help hi	im/har to be successful in the
LEND Program and to assume a leadership role in the future.	inititier to be successful in the

Please rate the applicant in eaclevel and cite specific examples				compared	to others at	the same
	Very Go Good = Average	ding = Top 59 ood =Top 10% Top 25% e =Top 50% Average= Belo	b			
Critical Thinking & Analysis	Top 5%	Top 10%	Top 25%	Top 50%	Below 50%	Unknown
Skills Rating:	0	0	0	0	0	0
Organizational Skills	Top 5%	Top 10%	Top 25%	Top 50%	Below 50%	Unknown
Rating: Comments:	0	0	0	\circ	0	\circ

Applicant's Name_____

Interpersonal Skills Rating: Comments:	Top 5%	Top 10%	Top 25%	Top 50%	Below 50%	Unknown
Commitment to Learning Rating:	Top 5%	Top 10%	Top 25%	Top 50%	Below 50%	Unknown
Comments:						
Ethics Rating: Comments:	Top 5%	Top 10%	Top 25%	Top 50%	Below 50%	Unknown

Communication Skills	Top 5%	Top 10%	Top 25%	Top 50%	Below 50%	Unknown
Rating:	\bigcirc		\bigcirc			
Comments:						
Judament 9 Common Sonce	Top 5%	Top 10%	Top 25%	Top 50%	Below 50%	Unknown
Judgment & Common Sense Rating:	10p 5%	10p 10%	10p 25%	1 Op 50%	Delow 50%	Olikilowii
	\cup	\circ	\cup	\cup	\cup	\cup
Comments: Emotional Stability & Security	Top 5%	Top 10%	Top 25%	Top 50%	Below 50%	Unknown
Rating:	10ρ3/	100 10 %	100 23 /0	100070	Delow 30 %	Onknown
Comments:						

Comments:						
Motivation towards a Successful & Productive Career Rating: Comments:	Top 5%	Top 10%	Top 25%	Top 50%	Below 50%	Unknown
Professionalism Rating: Comments:	Top 5%	Top 10%	Top 25%	Top 50%	Below 50%	Unknown

Please indicate the confidence with which you would or would acceptance to the WIHD LEND program:	not recommend the applicant for	
Recommend		
Recommend with reservations		
O 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 signatur	re line 1	

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

This form is to be returned to wihdlend@wihd.org by the person providing the reference.