

LEND TRAINEE RECOMMENDATION FORM

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

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

Applicant's Email address

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.]

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 **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 52 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 will help him/her to be successful in the LEND Program and to assume a leadership role in the future.

Interpersonal Skills

Top 5% Top 10% Top 25% Top 50% Below 50% Unknown

Rating:

Comments:

Commitment to Learning

Top 5% Top 10% Top 25% Top 50% Below 50% Unknown

Rating:

Comments:

Ethics

Top 5% Top 10% Top 25% Top 50% Below 50% Unknown

Rating:

Comments:

Communication Skills

Top 5%

Top 10%

Top 25%

Top 50%

Below 50%

Unknown

Rating:

Comments:

Judgment & Common Sense

Top 5%

Top 10%

Top 25%

Top 50%

Below 50%

Unknown

Rating:

Comments:

Emotional Stability & Security

Top 5%

Top 10%

Top 25%

Top 50%

Below 50%

Unknown

Rating:

Comments:

Leadership Potential

Rating:

Top 5%

Top 10%

Top 25%

Top 50%

Below 50%

Unknown

Comments:

Motivation towards a Successful & Productive Career

Rating:

Top 5%

Top 10%

Top 25%

Top 50%

Below 50%

Unknown

Comments:

Professionalism

Rating:

Top 5%

Top 10%

Top 25%

Top 50%

Below 50%

Unknown

Comments:

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 by the person providing the reference.