# **WAIVER and RECOMMENDATION FORM**

**To the applicant:** Please complete the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |       | **Date of Graduation:** |       |

 (Last, first, middle or maiden)

**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.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 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 |       |

Please rate the applicant on the qualities you feel you can judge on the grid below. Indicate your perception of the student’s readiness to function in a dietetic internship program at this time. Provide comments of ratings and your signature on next page.

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name |       |  Actual or Expected Date of Graduation  |       |

O – Outstanding; MS - More than Satisfactory; SAT – Satisfactory; NI - Needs Improvement, U - unsatisfactory

|  | **O** | **MS** | **SAT** | **NI** | **U** | **Unable to** **Evaluate** |
| --- | --- | --- | --- | --- | --- | --- |
| **A****pplication of Knowledge**Nutrition Content | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Medical Nutrition Therapy | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Foodservice Management | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Analytical Skills/Problem Solving** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Conceptual Skills** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Communication Skills**Oral | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Written | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Interpersonal Skills**Peers/Co-Workers | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Teachers/Supervisors | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Leadership Potential** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Initiative/Motivation** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Punctuality** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Adaptability** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Reaction to Stress** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Perseverance** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Creativity** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Organizational Skills** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Works Independently** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Responsibility/Maturity** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Overall Potential as a Dietitian** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

| **Relationship to Applicant:** | Advisor: [ ]  | Teacher: [ ]  | Work Supervisor: [ ]  | Other: [ ]  |
| --- | --- | --- | --- | --- |
| If Other, please indicate relationship: |       |
| **How long have you known applicant?** |       |
| **How well do you know applicant?** |       |
| **Do You:**(Check appropriate box.) | **Highly Recommend** |  | **Recommend** |  | **Not Recommend** |
| 5 [ ]  | 4 [ ]  | 3 [ ]  | 2 [ ]  | 1 [ ]  |

**Prepared by The American Dietetic Association and Dietetic Educators of Practitioners Practice Group for optional use by dietetics education programs (2004).**

**Additional Information:** Use to amplify or add to characteristics rated on previous page. Indicate applicant's strengths and those qualities that require further development. (May use a separate sheet or letter.)

| **Strengths**:       |
| --- |
| **Qualities that Require Further Development**: |
| **Name**  |       |
| **Signature** |  | **Date** |       |
| **Position**  |       |
| **Place of Employment** |       |
| **Address** |       |
|       |
|       |
| **Phone** |   | **E-mail**  |       |

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Section 504, ADA, Age Act Coordinator

340 University Hall, 51 Goodman Drive

Cincinnati, OH 45221-0039

Phone: (513) 556-6381; Email: HRONESTP@ucmail.uc.edu

Title IX Coordinator

3115 Edwards 1, 45 Corry Blvd.

Cincinnati, OH  45221

Phone:   (513) 556-3349; Email: title9@ucmail.uc.edu

For further information on notice of non-discrimination, visit <http://wdcrobcolp01.ed.gov/CFAPPS/OCR/contactus.cfm> for the address and phone number of the office that serves the University, or call 1-800-421-3481.