# **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](mailto: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.