

## **Directions for Letters of Recommendation:**

To whom it may concern:

Thank you for agreeing to write a letter of recommendation for this student. We highly value your input regarding the character of this student, as this information is an important component of our evaluation process. To assist you in the preparation of your recommendation, we are providing you with the following guidelines.

The student should provide you with a printed Recommendation Form. Please make sure the student has written or typed her or his name at the top of the form, page 2, and that the student has signed and dated one of the two statements regarding accessibility to your recommendation. Also, please make sure the student has included her or his name and expected date for completing coursework on both page 2 and 3.

For this program, we ask that you to complete the quality rating table on page 3 of the form. Page 4 provides space for you to expand on the student's strengths and areas needing further development. Please use this space to comment on qualities for which you may have rated the student as "Outstanding" or "Needs Improvement". Any specific examples in relation to the student's academics or work would be appreciated.

Please seal the completed form in an envelope, and sign your name across the seal. You may either return the recommendation to the student to be included with the completed application packet, or you may directly send your recommendation to

Joseph C. Bonilla, Ph.D., R.D.  
Dietetic Internship Director  
University of the Incarnate Word  
4301 Broadway, Box 311  
San Antonio, TX 78209

or e-mail to [josephb@uiwtx.edu](mailto:josephb@uiwtx.edu)

If you choose to mail your recommendation, please make sure that it is postmarked by February 15, 2006.

Thank you for taking the time and effort to complete this recommendation. If you have questions or require clarification, please contact Joseph Bonilla at (210) 829-3908 or e-mail [josephb@uiwtx.edu](mailto:josephb@uiwtx.edu).

**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 \_\_\_\_\_

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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
<b>Application of Knowledge</b>						
Nutrition Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Nutrition Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foodservice Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Analytical Skills/Problem Solving</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Conceptual Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication Skills</b>						
Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interpersonal Skills</b>						
Peers/Co-Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers/Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Leadership Potential</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Initiative/Motivation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Punctuality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Adaptability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reaction to Stress</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Perseverance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Creativity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Organizational Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Works Independently</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Responsibility/Maturity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overall Potential as a Dietitian</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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

**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** xxx-xxx-xxxx \_\_\_\_\_ **E-mail** \_\_\_\_\_