



### Recommendation Form

Student's Name: \_\_\_\_\_

#### WAIVER

I, \_\_\_\_\_, give permission to the individual below to release this recommendation directly to The Health Promotion Department. I waive my right to read this form prior to its release to the Center.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### REFERENCE INFORMATION

Name \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_

Employer \_\_\_\_\_

Please evaluate the applicant on the following attributes:

|                     | Needs Improvement | Good | Excellent | Unable to Judge |
|---------------------|-------------------|------|-----------|-----------------|
| Leadership          |                   |      |           |                 |
| Oral Expression     |                   |      |           |                 |
| Written Expression  |                   |      |           |                 |
| Organization        |                   |      |           |                 |
| Time Management     |                   |      |           |                 |
| Maturity            |                   |      |           |                 |
| Compassion          |                   |      |           |                 |
| Confidence          |                   |      |           |                 |
| Presentation Skills |                   |      |           |                 |
| Enthusiasm          |                   |      |           |                 |
| Integrity           |                   |      |           |                 |

Please give your impression of the applicant's relationship with his/her peers.

Please comment on the applicant's interest in helping others and motivation to become a Peer Educator.

Please discuss this applicant's ability to be objective and non-judgmental.

Please make any additional comments that you believe would be helpful in our understanding of the applicant and his/her potential to become a member of CREW and a Peer Educator.

Signature\_\_\_\_\_Date\_\_\_\_\_

Please return to: Health Promotions Dept., Hartshorn Health Service, 8031  
Attn: Gwen Sieving