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E.K. Shriver Center/University of Massachusetts Medical School   
Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Program

Professional Reference Form

(Please type or print)

Name of Applicant:

Name of Evaluator:

# To the Applicant:

This recommendation will become part of your file. It will be used only for consideration for acceptance into the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Fellowship Program and will not be disclosed to any unauthorized individuals without your consent. If accepted into the program, you will be accorded access to the contents of this recommendation unless you voluntarily waive your right of access. **Please check one of the following boxes and sign the statement below.**

I have read the information above and I hereby:

waive my right

do not waive my right

to access to this document should I be accepted into the LEND Program.

**Applicant Signature:**       **Date:**

# To the Evaluator:

The above-named individual is applying for a one-year graduate fellowship in the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Program. LEND federally-funded leadership training program funded through the Maternal and Child Health Bureau. Successful applicants demonstrate leadership potential and are committed to improving the lives of children and youth with neurodevelopmental disabilities and their families.

Please assist us with the application process by responding to the questions below. Your personal knowledge of the applicant will assist us to select qualified individuals who will benefit from and succeed in this program.

Under the 1974 Family Educational Rights and Privacy Act, the applicant named above will have access to your recommendation unless he/she has waived that right. Please note that your reply is confidential if the applicant has signed the waiver above. We appreciate your honest and candid feedback about this applicant and thank you in advance for your time in completing this reference. ***Once you have completed and signed this form, please place it in a sealed envelope and write your name across the back seal***.

1. How long and in what capacity have you known the applicant?

1. Please provide your assessment of the applicant’s abilities, strengths, and weaknesses in the areas listed below. Citing specific examples that illustrate your appraisal of the applicant is most helpful.
   1. Initiative and Motivation:

Outstanding

Excellent

Good

Fair

Poor

Unable to evaluate the applicant in this area

**Comments:**

* 1. Flexibility and Adaptability:

Outstanding

Excellent

Good

Fair

Poor

Unable to evaluate the applicant in this area

**Comments:**

* 1. Active pursuit of Learning and Intellectual Curiosity:

Outstanding

Excellent

Good

Fair

Poor

Unable to evaluate the applicant in this area

**Comments:**

* 1. Interpersonal Skills/Working Relationships with Others:

Outstanding

Excellent

Good

Fair

Poor

Unable to evaluate the applicant in this area

**Comments:**

* 1. Written and Verbal Communication Skills:

Outstanding

Excellent

Good

Fair

Poor

Unable to evaluate the applicant in this area

**Comments:**

* 1. Problem-Solving Skills:

Outstanding

Excellent

Good

Fair

Poor

Unable to evaluate the applicant in this area

**Comments:**

1. How has the applicant demonstrated a capacity for leadership?

1. Please make any additional comments that you feel will help us to assess the applicant’s qualifications for a graduate fellowship program.

**Evaluator’s Signature:** **Date:**

**Title:**

**Address:**

**Email Address:**

**Thank you for providing this reference.**

**Please email this form to:**

Donna Caira, [donna.caira@umassmed.edu](mailto:donna.caira@umassmed.edu)

End of form