

SAN DIEGO LEND TRAINEE RECOMMENDATION FORM

Please email this completed form to the San Diego LEND program at sandiegolend@health.ucsd.edu. Questions regarding this form may be directed to the San Diego LEND administrative coordinator: Maia Feliu at sandiegolend@health.ucsd.edu or T: (858) 966-7703 ext. 244805.

TO BE COMPLETED BY APPLICANT:

Applicant's Name	
Name of Reference	
Title of Reference	

I hereby authorize the above reference to complete this recommendation form.

Applicant's Signature:

Date:

Typing your name indicates your signature on the form.

TO BE COMPLETED BY THE PERSON MAKING THE RECOMMENDATION:

The applicant above is applying for the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) training program in San Diego, CA and has selected you to provide a reference. San Diego LEND provides interdisciplinary leadership training to graduate and post-graduate trainees, practicing professionals, family members of neurodiverse individuals, and neurodiverse individuals with self-advocacy interest or experience to promote equity in access to evidence-based services for individuals with autism spectrum disorder and other developmental disorders. Trainees will participate in a range of training experiences that may include weekly seminar sessions, clinical observations, participation in community activities, and faculty mentorship. A targeted focus on providing evidence-based and culturally responsive care will be integrated throughout all learning opportunities.

Please respond to the following questions about the applicant

Responses can be typed directly into this document or copied and pasted in from a Word document

How long have you known the applicant? <1 year 1-5 years >5 years

How well do you know the applicant? Very Well Fairly Well Not Well

In what capacity do you know the applicant?

Mentor Teacher Coach Work Supervisor Colleague Other

Please describe your relationship with the applicant:

Please describe qualifications, traits, or accomplishments you feel are significant in demonstrating the applicant's ability to complete the LEND program and to assume a leadership role in the area of developmental disabilities.

What do you consider to be the applicant's areas of growth and training needs?

Please rate the applicant in each of the listed categories as compared to their peers. It is very helpful to the Selection Committee if you take the time to cite specific examples that support your rating. Please list these examples in the comments section. This form takes the place of a recommendation letter. It is not necessary to write a separate letter for the applicant.

	Outstanding Top 5%	Very Good Top 10%	Good Top 25%	Average Top 50%	Below Average Below 50%	Unknown/ Unable to rate
Critical thinking & analysis skills Comments:	<input type="checkbox"/>	<input type="checkbox"/>				
Interpersonal/social skills Comments:	<input type="checkbox"/>	<input type="checkbox"/>				
Ethics/Integrity Comments:	<input type="checkbox"/>	<input type="checkbox"/>				
Communication skills Comments:	<input type="checkbox"/>	<input type="checkbox"/>				
Initiative/Self-motivation Comments:	<input type="checkbox"/>	<input type="checkbox"/>				
Ability to participate in collaborative group work Comments:	<input type="checkbox"/>	<input type="checkbox"/>				
Leadership skills/potential Comments:	<input type="checkbox"/>	<input type="checkbox"/>				
Motivation for personal/professional development Comments:	<input type="checkbox"/>	<input type="checkbox"/>				
Professionalism/Maturity Comments:	<input type="checkbox"/>	<input type="checkbox"/>				
Interest in working with diverse populations Comments:	<input type="checkbox"/>	<input type="checkbox"/>				
Passion for field of developmental disabilities Comments:	<input type="checkbox"/>	<input type="checkbox"/>				

Please indicate the confidence with which you would or would not recommend the applicant for acceptance to the San Diego LEND program:

- Recommend
- Recommend with Reservations
- Do Not Recommend

Reference Name

Reference Email

Date

Reference Signature

Typing your name indicates your signature on the form.