

UC Leadership Education in Neurodevelopmental Disabilities Program

APPLICANT: Please complete the top portion of this form and give it to the person providing your recommendation.

Applicant's Name _____
Last, First Middle

Student ID _____ Degree Program _____

I understand that this completed recommendation will be used only for the purposes admission into the UC-LEND program, and according to the Family Educational Rights and Privacy Act of 1974:

- I agree to waive access to this statement. I do not agree to waive access to this statement.

Applicant's signature* _____

RECOMMENDER: This student is applying for admission to the UC Leadership Education in Neurodevelopmental Disabilities training program, co-located at UCLA and UCR. We are interested in your candid appraisal of his/her intellectual motivation and leadership capacity. Your evaluation is very important to us and will be an integral element in our decision process.

How long have you known the applicant? _____ In what capacity? _____

Compared to individuals you have known at a similar level of development, please rate the applicant on:	Superior (Top 2.5%)	Very Good (Top 10%)	Good (Top 25%)	Average (Above 25%)	Below Average (Below 25%)	Unable to Assess
Adaptability						
Communication, oral						
Communication, written						
Creativity						
Dependability						
Displays initiative						
Interpersonal relations						
Leadership						
Perceptivity						
Self-directedness						

Please rate the applicant on his/her:	Extremely Likely	Likely	Unlikely	Extremely Unlikely
Likelihood of taking full advantage of this opportunity				
Likelihood of succeeding in coursework				
Likelihood of staying in the field of neurodevelopmental disabilities				
Likelihood ongoing on to a leadership position (e.g., as researcher, practitioner, administrator)				

Please briefly describe the three most important qualities of this applicant that you feel qualify him or her for this LEND Fellowship. You may include any situations or incidents which you feel best illustrate this applicant's abilities and/or describe observed strengths and weaknesses.

Recommender's Signature* _____ Recommender's Name _____
 Recommender's Position _____ Recommender's Institution _____
 Recommender's Phone _____ Recommender's Email _____

Please return this form directly via email to admin@uc-lend.org or via mail to UC-LEND, UCLA Center for Healthier Children, Families, and Communities, 10960 Wilshire Blvd, Suite 960, CA 90024.

* If completing this form electronically, you may either use an official digital signature or type in your full name and the date in the field above to indicate consent.