

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

200 Trapelo Road, Waltham, MA 02452-6368



Professional Reference Form

(Please type or print)

Name of Applicant: _____

Name of Evaluator: _____

Evaluator's Position/Title: _____

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 individual 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 do not waive my right of access to this document should I be accepted into the LEND Program.

Signature: _____ Date: _____

To the Evaluator:

The above-named individual is applying for a one-year Fellowship in the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Program at the Shriver Center. This is a federally sponsored leadership education program funded through the Maternal and Child Health Bureau. The LEND program is interested in admitting post-graduate professionals who demonstrate leadership potential, and who are committed to improving the lives of children and adolescents with neurodevelopmental disabilities and their families. Fellows accepted into this program will be experienced clinicians who wish to develop leadership skills.

Please assist us in the acceptance process by responding to the attached reference questions to the extent to which you have knowledge of the applicant. Your personal knowledge of the applicant will be helpful in assisting us to select qualified individuals who will be able to benefit from and succeed in this program.

Under the 1974 Family Educational Rights and Privacy Act, the applicant named above will have access to this recommendation unless he/she has waived that right. Please note that your reply is confidential if the applicant has signed the waiver (see above). We would 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 the form, please place it in the provided envelope, seal it and write your name across the back seal.***

Name of Applicant: _____ Name of Evaluator: _____

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

2. Please give us your opinion about the individual's abilities, strengths and weaknesses in the areas listed below. Citing specific examples that illustrate your views about this individual would be most helpful.

A. Initiative and Motivation:

B. Flexibility and Adaptation to Change:

C. Creativity:

D. Active Pursuit of Learning and Demonstration of Intellectual Curiosity:

E. Interpersonal Skills/Working Relationships with Others:

F. Verbal and Written Communication Skills:

G. Problem Solving Skills:

H. How has this individual demonstrated a capacity to lead and inspire others?

3. Please add any information and make any additional comments that you feel are important for us to understand this individual's strengths and weaknesses and ability to succeed in a Leadership Education Program.

Signature

Printed Name

Title

Address

Telephone Number

After you have signed the form, please place it in the provided envelope, seal it and write your name across the back seal.

Thank you for your time and attention in completing this reference.