

**Framingham State University  
Faculty Recommendation Form for Coordinated Program in Dietetics Applicants**

**TO BE COMPLETED BY THE STUDENT:**

<b>Student Name</b>	<b>Student ID:</b>
<b>Faculty Name</b>	
<b>Course Number/Name</b>	
<b>Semester/Year</b>	

**Student, Please sign and date one of the following statements. It is recommended that you check first with the faculty member before signing, as some faculty will only provide a confidential recommendation. Note page 1 must be attached to page 2 when submitted to the faculty member.**

I wish to have access to this recommendation and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C.A. Par. 1323 g (a) (1) and P.L. 397 of 1978, I have the right to read this recommendation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

I wish this letter to be confidential and I hereby waive any and all access rights granted me by the above laws to this recommendation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this Recommendation Form to:  
Dr. Andrea Gorman  
Framingham State University  
100 State Street  
Framingham, MA 01701**

**Framingham State University**  
**Faculty Recommendation Form for Coordinated Program in Dietetics Applicants**

**We appreciate your evaluation of the applicant's potential for success in the Coordinated Program in Dietetics as well as their professional potential. In this program, the applicant will complete 1200 internship hours in a variety of professional roles.**

1. How well do you know the applicant? Check all that apply.

- as a student in a large lecture class                       as my advisee  
 as a student in a small class                                       other, please describe:  
 as a student in a laboratory course

2. How long have you known the applicant? \_\_\_\_\_

<b>3. Please rate the student on the following qualities:</b>	Fair	Satisfactory	Good	Very Good	Excellent	Unable to Evaluate
<b>Note Scale: 6 = fair; 10 = excellent</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>N/A</b>
Interest in learning: attended class						
Interest: participated in class discussion/ asks questions						
Dependability: completed assignments						
Punctuality: submitted assignments according to schedule						
Follows directions						
Works independently						
Interpersonal skills: accepted supervision/constructive feedback						
Interpersonal skills: worked well with partners or in groups						
Communicates well verbally						
Communicates well in writing						
Organizational skills						
Creativity						
Analytical skills/problem solving/						
Perseverance / Positive attitude						
Remains flexible/ open-mindedness						
Responsibility/maturity/ respectfulness						
<b>We are particularly interested in your opinion relative to how the student will perform in a variety of internship settings. Please rate the applicant on:</b>						
Your willingness to work with this applicant on a team project						
Your willingness to be a preceptor/mentor for this applicant						
Your assessment of how well the applicant would respond to feedback and guidance in a professional setting						
Your comfort level with this student representing FSU in the professional world						

4. Please comment on any outstanding strengths, weaknesses, or other characteristics that might impact the ability of the applicant to work/perform in a Coordinated Program internship or in the professional world.

**Evaluator's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_