**Faculty Recommendation Form for Coordinated Program in Dietetics Applicants**

**TO BE COMPLETED BY THE STUDENT:**

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Student ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Faculty Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course Number/Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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
We appreciate your evaluation of the applicant’s potential for success in the Coordinated Program in Dietetics. 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
   - ☐ as a student in a laboratory course
   - ☐ other, please describe:

2. How long have you known the applicant? __________________________

3. Please rate the student on the following qualities:

<table>
<thead>
<tr>
<th>Note Scale: 6 = fair; 10 = excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>6</td>
</tr>
</tbody>
</table>

   - 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/open-mindedness
   - Perseverance / Positive attitude
   - Remains flexible
   - Responsibility/maturity/ respectfulness

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:

   - 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 ____________