**Faculty Recommendation Form**

**MATRICULATE CLASS 2019**

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| **PLEASE RETURN YOUR SIGNED RECOMMENDATION ON LETTERHEAD ALONG WITH THIS FORM BY** **MARCH 1, 2018** **TO: Lafayette College, Health Professions Office, 101 Scott Hall, 714 Sullivan Road, Easton, PA 18042. OR SEND AS PDF ATTACHMENT TO Ms. Emrick via email at** **emrickc@lafayette.edu**. |

**APPLICANT:** Please enter all information in this section.

|  |  |
| --- | --- |
| **Recommender’s Name**:      | **Institution**:      |
| **Applicant’s Name**:       | **Student Number**:      |
| **Class Year**:      | **Degree Program**:      |
| **Major(s)/ Minor**:       | **Cumulative GPA**:      |

**WAIVER OF RIGHTS:**

Waiver of Access: I understand that Federal law (Family Educational Rights and Privacy Act of 1974) provides me with a right of access to this recommendation and that no school may require me to waive this right.

I hereby [ ]  **waive** my right of access to this recommendation.

 [ ]  **do not waive** my right of access to this recommendation.

|  |  |  |
| --- | --- | --- |
| Applicant’s Signature:  |  |  Date:       |

**RECOMMENDER:** **Please enter all information in this section.**

I,     , understand that my letter will form part of the applicant’s Health Professions Advisory Committee letter sent to health professions schools. I also understand that my letter will be included verbatim, along with my name and professional identification, with other letters solicited by the applicant.

|  |  |  |
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| Recommender’s Signature: |  |  Date:       |

As part of your evaluation, please check the appropriate category below**.**

[ ]  ***VERY HIGHLY RECOMMEND:*** Applicant has demonstrated evidence of exceptionally outstanding potential.

[ ]  ***HIGHLY RECOMMEND:*** Applicant has exhibited abilities/qualities well above those of average applicant.

[ ]  ***RECOMMEND:*** Applicant has demonstrated potential for successful completion of health professions training.

[ ]  ***RECOMMEND WITH RESERVATION:*** Applicant has exhibited potential, but some aspects cause concern.

[ ]  ***NOT RECOMMEND:*** Applicant lacks demonstrable evidence of qualities to complete health professions training.

[ ]  ***NOT ABLE TO EVALUATE USING THIS SCALE’S CRITERIA***.

In your letter please provide reasons and details to support and contextualize your overall evaluation. Note: Of great help are comments on any of the following applicable qualities sought by health professional schools among their applicants:

**Interpersonal Competencies** (service focus, social and cultural skills, teamwork, oral communication), **Intrapersonal Competencies** (reliability, resiliency, capacity to improve, ethically sensitive), **Thinking and Reasoning Competencies** (critical thinking, quantitative reasoning and inquiry, written communication), **Science Competencies** (living systems, human behavior).

To assist us in our holistic evaluation, please complete the rating form below, providing the context of the group with whom you are comparing the applicant.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Applicant Exhibits Traits***  | ***Top******2%*** | ***2% -******10%*** | ***10%-******25%*** | ***25%-******50%*** | ***50%-******60%*** | ***60% or******below*** | ***Unable******To rank*** |
| Maturity & Resilience |  |  |  |  |  |  |  |
| Self-reflection & Insight |  |  |  |  |  |  |  |
| Motivation & Dedication |  |  |  |  |  |  |  |
| Persistence & Perseverance |  |  |  |  |  |  |  |
| Integrity & Honesty |  |  |  |  |  |  |  |
| Initiative & Creativity |  |  |  |  |  |  |  |
| Judgment & Comportment  |  |  |  |  |  |  |  |
| Leadership Capacity |  |  |  |  |  |  |  |
| Ability to Collaborate |  |  |  |  |  |  |  |
| Compassion & Empathy |  |  |  |  |  |  |  |
| Emotional Intelligence |  |  |  |  |  |  |  |
| Cultural Sensitivity |  |  |  |  |  |  |  |
| Effective Communication |  |  |  |  |  |  |  |
| Realistic Awareness of Professional Expectations |  |  |  |  |  |  |  |
| Evidence of relevant technical skills |  |  |  |  |  |  |  |
| ***Comparative group:*** |

Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your time and assistance!

Lafayette College Health Professions Advising Team