

**Institute for Human Development  
Arizona University Center on Disabilities**



**TRAINEE RECOMMENDATION FORM**

**To Applicant:** Type or print the information requested below and give this information to the person supplying the recommendation.

Name of Applicant: \_\_\_\_\_

Name of Person Supplying Recommendation: \_\_\_\_\_

Title/Position of Person Supplying Recommendation: \_\_\_\_\_

Department/Organization: \_\_\_\_\_

**To Reference:** Provide your estimate of applicant's ability to pursue and to complete a course of study, the student's interest in a disability-related career, ability to participate in a practicum experience with an interdisciplinary staff and to provide services to persons with disabilities or their family members.

Thank you.

Please complete the ratings below and mail to the Institute for Human Development, PO Box 5630 Flagstaff, AZ 86011-5630.

Applicant's Characteristics	Excellent	Above Average	Average	Below Average
Ability to Express Self in Speech				
Ability to Express Self in Writing				
Self Reliance and Independence				
Maturity				
Flexibility				
Social Sensitivity				
Ability to Work with Others Who Have Different Viewpoints				

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

