

LETTER OF RECOMMENDATION FORM
Rutgers University
School of Biological and Environmental Sciences
Dietetics - Individualized Supervised Practice Pathway (ISPP) Program

PART 2: INSTRUCTIONS FOR PERSON COMPLETING THE RECOMMENDATION FORM:

Your evaluation is a critical part of this student's application to our Rutgers University Dietetics ISPP program. It will be used to assess the student's likelihood of success in the Dietetics ISPP program. This program is designed to provide students with learning and practice opportunities to acquire the required competencies to prepare for the national registration examination to become a Registered Dietitian Nutritionist.

After completing the evaluation below, please submit your recommendation as a PDF attached to an email account associated with your name to ISPPCoordinator@sebs.rutgers.edu. **Please include in the subject line "Recommendation Letter"**

REFERENCE'S INFORMATION	
Reference's Name:	Position:
Address:	Place of Employment:
Phone:	Date Completed:
Email Address:	

How long have you known the applicant: Years _____ Month(s) _____

Relationship to the applicant: Advisor Teacher Work Supervisor Other _____

How would you rate the applicant for each of the following characteristics? Please place "X" next to the rating that best describes the applicant in each category:

	Outstanding	More than satisfactory	Satisfactory	Needs Improvement	Unsatisfactory	Not Observed
Application of Knowledge						
Food & Nutrition						
Medical Nutrition Therapy						
Food Service Management						
Analytical Skills/Problem Solving						
Conceptual Skills						
Communication Skills						
Oral (Verbal & non-verbal)						
Written						
Interpersonal Skills						
Interpersonal Skills/Team Player						
Advocacy Skills						
Leadership Potential						
Initiative/Motivation						
Punctuality/Time management						
Reaction to Stress						
Adaptability						
Perseverance						
Creativity						
Organizational Skills						
Works Independently						
Responsibility/Maturity						
Overall Potential as a Dietitian						

Comments:

Describe the applicant's strengths and weaknesses:

Describe the applicant's weaknesses or areas needing improvement:

Summary of Evaluation:

- Highly Recommended
- Recommended
- Not Recommended

I Verify that I am the person who has completed this form. Electronic signature is acceptable.

Recommender Signature _____ Date _____

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