

#### LETTER OF RECOMMENDATION FORM

## Rutgers University School of Biological and Environmental Sciences Dietetics - Individualized Supervised Practice Pathway (ISPP) Program

### PART 1: STUDENT MUST COMPLETE THIS SECTION OF THE FORM PRIOR TO SENDING TO EACH PERSON PROVIDING A RECOMMENDATION ON YOUR BEHALF Last Name First Name Middle Initial Date **Mailing Address Phone Number** Please read each statement below and check if you agree to these statements. ☐ I hereby give permission to the Dietetics ISPP program to which I am applying to contact the reference either to verify the information I provided and/or for further clarification. ☐ I relinquish my right of access to this evaluation/letter of recommendation, and I give my evaluator permission to include details about my educational records. REFERENCE'S INFORMATION Reference's Name: Position: Address: **Place of Employment:** Phone: Date Completed: **Email Address:**



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#### 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 <a href="mailto:ISPPCoordinator@sebs.rutgers.edu">ISPPCoordinator@sebs.rutgers.edu</a>. Please include in the <a href="mailto:subject line">subject line "Recommendation Letter"</a>

REFERENCE'S INFORMATION			
Reference's Name:	Positio	n:	
Address:	Place o	f Employment:	
Phone:	Date Co	ompleted:	
Email Address:			
How long have you known the applicant: Ye	ears	Month(s)	
_	_	_	_
<b>Relationship to the applicant:</b> ☐ Advisor	$\square$ Teacher	☐ Work Supervisor	$\square$ 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	Needs	Unsatisfactory	Not
		satisfactory		Improvement		Observed
Application of Knowledg	ge					l
Food & Nutrition						
Medical Nutrition						
Therapy						
Food Service						
Management						
Analytical						
Skills/Problem Solving						
Conceptual Skills						
Communication Skills						
Oral (Verbal & non-						
verbal)						
Written						
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
Please submit your recommendation as a PDF attached to an email account associated with your name to <a href="mailto:ISPPCoordinator@sebs.rutgers.edu">ISPPCoordinator@sebs.rutgers.edu</a> with subject heading line "Recommendation Letter".