## Alabama State University

## REHABILITATION SERVICES

WITH A CONCENTRATION IN ADDICTION STUDIES

## RECOMMENDATION FORM

TO BE COMPLETED BY THE APPLICANT (Please type or print legibly). NAME\_ First Middle Last The Family Educational Rights and Privacy Act of 1974, and its amendments guarantee students access to their educational records. Students are also permitted to waive their right to access to recommendations. The following signed statement indicates the wish of the applicant regarding this recommendation. Failure to respond will be considered a waiver of the right to this recommendation. I waive my right to inspect the contents of the \_\_\_\_\_ I do not waive the right to inspect the following recommendation contents of the following recommendation. Signature Signature Date Date TO BE COMPLETED BY RECOMMENDER If you wish to make additional comments, please ATTACH a letter to this form. Please realize that while the applicant may waive his or her rights to access, in some circumstances this letter may be subject to disclosure. How long have you known this applicant and in what capacity? How well do you feel you know the applicant? Casually \_\_\_\_\_ Well \_\_\_\_\_ Very Well \_\_\_\_\_ Do you work in the rehabilitation services field? () Yes \_\_\_\_\_ No

4. Please objectively rate the student in the following areas:

	Outstanding	Excellent	Very Good	Good	Average	Below Average	No Basis for Judgment
Problem Solving							
Time Management							
Ability to organize and apply knowledge							
Initiative							
Dependability							
Judgment							
Ability to cope with stressful situations							
Ability to accept constructive feedback							
Interaction with or sensitivity to cultural diversity							
Assertiveness							
Integrity							

ре	lease comment on the applicant's strengths and weaknesses, including his or her character, ersonality, interest in providing rehabilitative services, maturity, or any other behavior that may be extinent to the applicant's performance in the rehabilitation services program.
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6. Please indicate your recommendation (	check one)						
Recommend Strongly	Recommend with Reservation						
Recommend	Cannot Recommend						
Recommender's Name:							
Recommender's Signature:							
Title:							
Address:							
Email Address							
Telephone:							
Date:							
Please mail the Recommendation form to:	Alabama State University						
	College of Health Sciences						
	Department of Rehabilitation Studies						
	Selections and Admissions Committee						
	P. O Box 271						
	Montgomery, AL 36101-0271						