

WI LEND Recommendation Form

WI LEND is a special training program funded by the federal Maternal & Child Health Bureau of the Department of Health & Human Services (MCHB/DHHS) to prepare trainees who are parents of children with developmental disabilities, self-advocates, or students/graduates from disciplines including audiology, genetic counseling, medicine, nursing, nutrition, occupational therapy, physical therapy, psychology, public health, social work, special education and speech/language pathology for leadership and advanced professional practice in order to improve the lives of children with neurodevelopmental and related disabilities and their families.

By completing this letter of recommendation, you are being asked to speak to how prepared the applicant is to actively participate in an interdisciplinary leadership training program in their chosen discipline, and to the applicants commitment to improving the lives of children with neurodevelopmental disabilities and their families.

If you have questions about the WI LEND Program, please read more online at <https://wilend.waisman.wisc.edu/>, or contact the appropriate Discipline Training Coordinator (for a list of Coordinators, see <https://wilend.waisman.wisc.edu/people/>).

WI LEND RECOMMENDATION FORM

WI LEND Trainee Applicant

Please complete the top section of the form:

Name _____ Date of Graduation _____
(last, first, middle or maiden)

The applicant should sign and date one of the following statements:

- 1) I wish to have access to this form and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C.A. Par. 1232 g(a)(1) and P.L. 93-380, I have the right to read this recommendation.

Applicant's Signature _____ Date _____

- 2) I wish this letter to be confidential and hereby waive any and all access rights granted me by the above laws to this recommendation.

Applicant's Signature _____ Date _____

Person writing the application

Please rate the applicant on the qualities that you feel you can judge on the grid below. Provide narrative discussion of ratings on page 2.

NO - not observed or no basis for judgment, U - unsatisfactory, NI - needs improvements,
SAT - satisfactory, MS - more than satisfactory, O - outstanding

	NO	U	NI	SAT	MS	O
Discipline Knowledge						
Analytical Skills/Problem Solving						
Conceptual Skills						
Communication Skills - Oral						
- Written						
Interpersonal Skills - Peers/Co-Workers						
- Teachers/Supervisors						
Initiative						
Empathy						
Adaptability						
Reaction to Stress						
Motivation						
Creativity						
Forethought						
Works Independently						
Responsibility/Maturity						
Leadership Potential						

Recommendation Form

Additional Information: Use to amplify or add to characteristics rated on reverse side.

Please indicate applicant's strengths and those qualities that require further development. (May use second sheet)

Strengths:

Qualities that Require Further Development:

1) Relationship to Applicant

_____Advisor _____Teacher _____Work Supervisor _____Other: Please explain _____

2) How long have you known applicant?

3) How well do you know applicant?

4) Do you: _____Highly Recommend _____Recommend _____Not recommend

Name _____
(please print or type)

Signature _____ Date _____

Position _____

Place of Employment _____

Address _____

Phone _____

Please email your completed and saved form to schears@waisman.wisc.edu, or print and mail to: WI LEND Program, c/o Julie Schears Waisman Center, University of Wisconsin-Madison, 1500 Highland Avenue, Rm S101F, Madison, WI 53705-2280