
College Leadership Forum Recommendation Form

Applicant's Name: _____

This student has asked you to provide an assessment of his/her suitability as a participant in the College Leadership Forum for students with disabilities. Please provide information about the applicant's leadership potential and interpersonal and academic skills. Please compare the applicant to the peers on your campus. If additional space is needed for comments, please feel free to attach a separate sheet of paper. Please return the form to the office address provided on the second page, **NOT to the student if possible**. Thank you for taking the time to provide this important evaluation.

Characteristics	Outstanding	Very Good	Good	Fair	Poor	Unable to Judge
MOTIVATION: Genuineness and depth of commitment to professional development						
MATURITY: Personal development, ability to cope with life situations						
RELIABILITY: Dependability, sense of responsibility, promptness, conscientiousness						
INDEPENDENCE: Ability to complete assigned tasks and to manage time and resources effectively						
INTERPERSONAL RELATIONS: Ability to get along with others, rapport, cooperation, attitude toward authority						
PARTICIPATION: Ability to actively participate in class/group discussions, and work with peers						
EMPATHY: Sensitivity to the needs of others						
RESOURCEFULNESS: Ability to discover and use new resources and to manage new and existing resources						
INTEGRITY: Honesty, trustworthiness, decency						
INTELLECTUAL CAPACITY: Ability to integrate learned material and work with a large quantity of information						
COMMUNICATION SKILLS: Verbal and non verbal skills, clarity of expression, fluency						

Applicant's Name

Applicant's strengths as you see them:

Applicant's weaknesses or leadership developmental needs as you see them:

Summary Evaluations:

Overall Recommendation: (circle) Excellent Good Fair Poor

Evaluator's Name

Signature

Date

Department

Position

E-mail address

Mailing Address

City, State, Zip code

(____)_____
Phone Number

Relationship to Applicant

Deadline for postmark on Recommendation Form: End of April, 2009

Please send completed form directly to:

Iowa Division of Persons with Disabilities
Attn: CLF Committee
Lucas State Office Building
Des Moines, Iowa 50319
888-219-0471(V/TTY)