RECOMMENDATION FORM

MASTER OF PUBLIC HEALTH - COMMUNITY HEALTH EDUCATION

DEPARTMENT OF HEALTH EDUCATION AND HEALTH PROMOTION

UNIVERSITY OF WISCONSIN LA CROSSE

NAME OF CANDIDATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME OF REFERENCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CANDIDATE'S ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate may select either an open or confidential recommendation by signing under one of these:

CONFIDENTIAL RECOMMENDATION

Your evaluation of my professional and personal qualifications will be appreciated. You are assured of confidentiality in writing your recommendation.

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 OPEN RECOMMENDATION

Your evaluation of my professional and personal qualifications will be appreciated. Your evaluation and comments will be available to me.

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please rate/assess the candidate’s ability in each of the following areas: (Please circle number below for each ranking)

 Low High No Basis Comments

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Performance in writing precisely and clearly | 1 | 2 | 3 | 4 | 5 |  |  |
| 2. Oral communication and presentation | 1 | 2 | 3 | 4 | 5 |  |  |
| 3. Needs assessment | 1 | 2 | 3 | 4 | 5 |  |  |
| 4. Program development and implementation | 1 | 2 | 3 | 4 | 5 |  |  |
| 5. Program evaluation | 1 | 2 | 3 | 4 | 5 |  |  |
| 6. Quantitative and research skills | 1 | 2 | 3 | 4 | 5 |  |  |
| 7. Ability to work independently | 1 | 2 | 3 | 4 | 5 |  |  |
| 8. Skill in relating harmoniously with others | 1 | 2 | 3 | 4 | 5 |  |  |
| 9. General ability to do graduate work | 1 | 2 | 3 | 4 | 5 |  |  |

Please state in what context you have known the applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Along with the above rating,

your written comments can be provided in a separate letter of recommendation.

SIGNATURE OF REFERENCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE AND AGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return completed form to:

G. D. Gilmore, M.P.H., Ph.D., MCHES

Director Graduate Public Health and Community Health Program

201 Mitchell Hall

University of Wisconsin La Crosse

La Crosse, WI 54601 (608) 785-8163