Instructions to Applicant

Complete Part 1 of this form and then give it to your recommender. Allow your recommender at least two weeks to complete this form. Ask your recommender to enclose the form in a sealed envelope. When the recommender returns the form to you, leave it sealed. Submit the sealed recommender form along with your application by the May 1st deadline.

Part 1: Applicant Information (please print or type)

Name__________________________________________
(Last) (First) (Middle Initial)

Instructions to the Recommender

Please complete Parts 2 and 3 of this form below and return it signed to the student in a sealed envelope with your signature written across the seal. All application materials must be submitted by the student by the May 1st deadline. ACSF greatly appreciates your assistance. For further information about ACSF, visit our website at www.azcsf.org.

Part 2: Recommender Information (please print or type)

Name__________________________________________
Professional title______________________________________________
Community Organization/School_________________________________
E-Mail_______________________________________________________
Phone(_______)_____________________________________________
Relationship to the applicant____________________________________
Part 3: Evaluation (Please print or type)

To the Recommender: The person named in Part 1 of this recommendation form is applying for a Graduate Internship with ACSF. This evaluation is a critical component in our decision. For each category we ask that you: a) describe supportive evidence of the abilities, skills and attributes you cite and b) include any limitations as well as strengths.

How long have you known the applicant? □ Less than 1 year □ 1 year or more

How well do you know the applicant? □ Casually □ Fairly well □ Very well

Please rate the applicant on the following attributes: (providing supportive evidence in the spaces indicated)

(PLEASE MARK ONE)

<table>
<thead>
<tr>
<th>Curriculum Rigor &amp; Academic Habits</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Extraordinary</th>
<th>Not able to comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>(student challenges him/herself, manages time well, utilizes academic support networks)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Supportive Evidence:

<table>
<thead>
<tr>
<th>Motivation &amp; Long Term Goal Setting</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Extraordinary</th>
<th>Not able to comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>(student sets realistic goals &amp; develops strategies for completing those goals)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Supportive Evidence:
**Self Awareness**

(student's understanding of personal strengths and weaknesses)

<table>
<thead>
<tr>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Extraordinary</th>
<th>Not able to comment</th>
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Supportive Evidence:

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**Community Involvement & Work Experience**

<table>
<thead>
<tr>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Extraordinary</th>
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</table>

Supportive Evidence:

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**Overall Impression**

To the Recommender: If you were making the decision to employ this applicant based on his/her overall success in college/work experience, which of the following would it be?

- [ ] **Actively employ:** Will be an outstanding employee & successful in his/her future career
- [ ] **Definitely employ:** Will perform work duties at a superior level
- [ ] **Moderately employ:** Will perform work duties at a satisfactory level
- [ ] **Accept, with reservation:** Concerned about ability to complete employee duties.
Please comment on anything else that is relevant to this applicant that has not been revealed thus far on this form. Please use the comments section below OR attach a separate sheet to the back of the recommender form to complete your comments.

Comments:

Recommender’s Signature:______________________________________________

Phone number: (________)_____________________________________________

Date:______/_____/______