# LEOS Student Recommendation Form

Directions: Please fill out this form completely. When selecting a person to provide a recommendation please make sure that 1) they are not a relative, 2) they can speak to your academic and/or work capacities, and 3) they know that they may be contacted by one of the LEOS faculty if additional information is required (beyond what is provided below).

# Student fill out:

Student Name:

Do you waive your right to review and/or obtain copies of this recommendation? Yes or No

Student Signature: Date:

Recommender Name: Job Title: Contact Information (email and phone):

# Recommender fills out:

How long have you known this student, and what is your relationship?

Please rate the student on the following personal attributes and skills:

1. Emotional maturity: Very Poor Below Average Average Above Average Excellent Comments:
2. Willingness to accept feedback: Very Poor Below Average Average Above Average Excellent Comments:
3. Openness to new experiences: Very Poor Below Average Average Above Average Excellent Comments:
4. Curiosity: Very Poor Below Average Average Above Average Excellent Comments:
5. Communication skills: Very Poor Below Average Average Above Average Excellent Comments:
6. Skills to deal with stress: Very Poor Below Average Average Above Average Excellent Comments:
7. Treating others with respect: Very Poor Below Average Average Above Average Excellent Comments:
8. Communicating own needs: Very Poor Below Average Average Above Average Excellent Comments:

# Narrative Questions (May attach a letter or typed response in lieu of completing this part of the form)

Please describe student’s strengths and capacities to participate in the LEOS Program at Penn State Lehigh Valley:

Please describe the student’s weaknesses and/or areas of growth that could be addressed through LEOS at Penn State Lehigh Valley:

Recommender Signature: Date: