



Recommendation

To be completed by **STUDENT**: **STUDENT:** Please fill out the top portion of this form, then save the form. Send the form as an email attachment to the Bucks employee who will be providing the reference for you.

Student's Full Name:

Request Date:

Student Access to this Recommendation

The Buckley Amendment (1974) guarantees you the right to review this recommendation. However, you may choose to waive this right.

I acknowledge that my digital signature (REQUIRED) below shall have the same legal effect as a handwritten signature.

I would like to receive a copy of this recommendation

I waive my right to receive a copy of this recommendation

Your recommendation will NOT be sent without a digital signature.

Date:

To be completed by **PERSON PROVIDING THE REFERENCE**:

Name:

Title:

Employer:

Phone:

Address:

How are/were you associated with this student?

(check all that apply)

Teacher/Instructor

Advisor

Digital Signature:

Counselor

Employer

Supervisor

Other

RECOMMENDATION CHECKLIST — Please rate each characteristic as follows: 1. Outstanding 2. Above Average 3. Average 4. Fair 5. Poor 6. No chance to observe

1 2 3 4 5 6

1 2 3 4 5 6

Aptitude in major field

Initiative

Attitude toward profession

Poise

Decision-making ability

Dependability

Written communication

Sense of responsibility

Cooperativeness

Motivation

Quality of work

Oral communication

Consideration

What attributes does this student possess that demonstrate preparedness for his/her chosen profession?