

## LETTER OF RECOMMENDATION

### Therapeutic Recreation Program at Grand Valley State University

**This section to be completed by the applicant before the form is given to the professional making the recommendation.**

Name of applicant: \_\_\_\_\_ Student G#: \_\_\_\_\_  
(if applicable)

I voluntarily waive, relinquish, and disclaim all of my rights to have access to this letter of recommendation in accordance with the Federal Family Education Rights and Privacy Act of 1974.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

The Therapeutic Recreation Program appreciates your cooperation in completing this recommendation statement on behalf of the applicant for admission to the Therapeutic Recreation Program.

Please rate the applicant. Compare them with others of similar experience and position. If you prefer you may write a letter of recommendation and attach it to this form as a substitute for the below.

|   | Outstanding | Above Average | Average | Poor | No Basis for Judgment |
|---|-------------|---------------|---------|------|-----------------------|
| Academic Potential                          |             |               |         |      |                       |
| Capacity for Analytical/Conceptual Thinking |             |               |         |      |                       |
| Oral Communication Skills                   |             |               |         |      |                       |
| Written Communication Skills                |             |               |         |      |                       |
| Ability to Work with Others                 |             |               |         |      |                       |
| Accepts Constructive Criticism              |             |               |         |      |                       |
| Motivation/Initiative                       |             |               |         |      |                       |
| Creativity/Imagination                      |             |               |         |      |                       |
| Emotional Maturity                          |             |               |         |      |                       |

Over

How do you recommend this applicant for admission into the Therapeutic Recreation Program?

\_\_\_\_\_ Strongly Recommend    \_\_\_\_\_ Recommend    \_\_\_\_\_ Recommend with Reservations    \_\_\_\_\_ Do Not Recommend

Please use the space below to give any comments or remarks that might further assist in understanding this applicant's strengths and limitations for success in the Therapeutic Recreation Program. Attach an additional sheet if necessary.

Name: (please print) \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be mailed and received by the College of Health Professions no later than February 15. PLEASE RETURN TO:**

**Valinda Stokes  
College of Health Professions  
Grand Valley State University  
301 Michigan Street NE, Suite 113  
Grand Rapids, MI 49503**