

### UC Leadership Education in Neurodevelopmental Disabilities Program

**APPLICANT:** Please complete the top portion of this form and give it to the person providing your recommendation.

Applicant's Name

Student ID Last First Middle Degree Program

I understand that this completed recommendation will be used only for the purposes of admission into the UC-LEND program and according to the Family Educational Rights and Privacy Act of 1974:

☐ I agree to waive access to this statement.

☐ I do not agree to waive access to this statement.

Applicant's signature\* \_\_\_\_\_

**RECOMMENDER:** This student is applying for admission to the UC Leadership Education in Neurodevelopmental Disabilities training program, co-located at UCLA and UCR. We are interested in your candid appraisal of their intellectual motivation and leadership capacity. Your evaluation is very important to us and will be an integral element in our decision process.

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

| Compared to individuals you have known at a similar level of development, please rate the applicant on: | Superior<br>(Top 2.5%) | Very Good<br>(Top 10%) | Good<br>(Top 25%) | Average<br>(Above 25%) | Below Average<br>(Below 25%) | Unable to Assess |
|---|------------------------|------------------------|-------------------|------------------------|------------------------------|------------------|
| Adaptability  |                        |                        |                   |                        |                              |                  |
| Communication, oral   |                        |                        |                   |                        |                              |                  |
| Communication, written  |                        |                        |                   |                        |                              |                  |
| Creativity  |                        |                        |                   |                        |                              |                  |
| Dependability   |                        |                        |                   |                        |                              |                  |
| Displays initiative   |                        |                        |                   |                        |                              |                  |
| Interpersonal relations   |                        |                        |                   |                        |                              |                  |
| Leadership  |                        |                        |                   |                        |                              |                  |
| Perceptivity  |                        |                        |                   |                        |                              |                  |
| Self-directedness   |                        |                        |                   |                        |                              |                  |

| Please rate the applicant on his/her:   | Extremely Likely | Likely | Unlikely | Extremely Unlikely |
|---|------------------|--------|----------|--------------------|
| Likelihood of taking full advantage of this opportunity   |                  |        |          |                    |
| Likelihood of succeeding in coursework  |                  |        |          |                    |
| Likelihood of staying in the field of neurodevelopmental disabilities                                   |                  |        |          |                    |
| Likelihood of continuing on to a leadership position (e.g., as researcher, practitioner, administrator) |                  |        |          |                    |

Please briefly describe the three most important qualities of this applicant that you feel qualify them for the UC-LEND program. You may include examples that you feel best illustrate this applicant's abilities and/or describe observed strengths and areas for growth.

Recommender's Signature\* \_\_\_\_\_

Recommender's Position \_\_\_\_\_

Recommender's Phone \_\_\_\_\_

Recommender's Name \_\_\_\_\_

Recommender's Institution \_\_\_\_\_

Recommender's Email \_\_\_\_\_

Please submit this form directly to the UC-LEND admissions team via email: [UC-LEND@mednet.ucla.edu](mailto:UC-LEND@mednet.ucla.edu).

\*You may either use an official digital signature or type in your full name and the date in the field above to indicate consent.