WorkLink 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 WorkLink 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:

Emotional maturity

Very Poor Below Average Average Above Average Excellent

Comments: _____

Willingness to accept feedback

Very Poor Below Average Average Above Average Excellent

Comments: _____

Openness to new experiences

Very Poor Below Average Average Above Average Excellent

Comments: _____

Curiosity

Very Poor Below Average Average Above Average Excellent

Comments: _____

Communication skills

Very Poor Below Average Average Above Average Excellent

Comments: _____

Skills to deal with stressful experiences

Very Poor Below Average Average Above Average Excellent

Comments: _____

Treating others with respect

Very Poor Below Average Average Above Average Excellent

Comments: _____

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 WorkLink Program at Penn State University Park.

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Please describe the student's weaknesses and/or areas of growth that could be addressed through WorkLink at Penn State University Park.

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Recommender Signature: _____ Date: _____