

University of Northern Iowa
School of Health, Physical Education, and Leisure Services
*Camp Adventure*TM
RECOMMENDATION

Student's Name: _____ (Please Print)
Training Site: _____ (Please Print)

Please fill out this recommendation form to the best of your knowledge. When done, fold it in thirds, so that the *Camp Adventure*TM address is on the outside and mail. The postage has been pre-paid for your convenience. See reverse side for additional instructions and signature.

1. Has the student worked for your organization? ___ Yes ___ No If yes, please indicate dates and positions held.
2. How well do you know the applicant? ___ Very Well ___ Average ___ Very Little
3. Have you ever observed or known the employee to be violent, abusive, or unsafe? ___ Yes ___ No
4. Have you known the employee to abuse any unlawful drug or narcotics? ___ Yes ___ No
5. Have you known the employee to abuse alcohol? ___ Yes ___ No
6. To your knowledge has the employee or former employee ever violated any of your organization's major rules or policies? ___ Yes ___ No
7. How does the applicant assume responsibility?
8. Are you able to support this individual to have sole responsibility for a group of 10-12 children, ages 6-11, while operating independently?
___ Yes ___ No

Please circle the following characteristics as honestly and accurately as possible.

1. Social Qualities: Ability to relate to others in a positive way
___ Superior ___ Strong ___ Average ___ Poor
2. Ethics: Tight principles used in work and personal affairs
___ Superior ___ Strong ___ Average ___ Poor
3. Emotional Stability: Self-control maintains emotional equilibrium
___ Superior ___ Strong ___ Average ___ Poor
4. Dependability: Keeps promises, accountable
___ Superior ___ Strong ___ Average ___ Poor
5. Attitude toward children: Recognize the needs of children
___ Superior ___ Strong ___ Average ___ Poor
6. Overall Recommendation
___ Superior ___ Strong ___ Average ___ Poor

Evaluator Signature _____ Title _____

Printed Name _____ Date _____

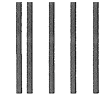
Organization Name and Address _____

Email Address _____ Phone Number _____

Comments: _____

(If you do NOT believe the applicant is suitable, we would appreciate it if you would also email comments to Susan Edginton at: susan.edginton@uni.edu)

CAMP ADVENTURE - 0156
ACCOUNT NO.
04360022601630100000310000000

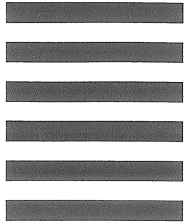


NO POSTAGE
NECESSARY IF
MAILED IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 515 CEDAR FALLS, IA

POSTAGE WILL BE PAID BY ADDRESSEE

UNIVERSITY OF NORTHERN IOWA
1227 WEST 27TH ST
CEDAR FALLS IA 50613-9913



To the Applicant:

Under the federal Law entitled the Family Educational Rights and Privacy Act of 1974, registered students are given the right to inspect their records, including letters of recommendation. Opinion is divided whether letters open to review are more helpful in assessing a student's potential than those, which are not. Should you wish to waive your right to access to this evaluation, you may do so by signing the waiver below. In any case all evaluations will be carefully considered. I understand the above information and waive the rights I might have to access this recommendation under the Family Educational Rights act of 1974, or any other law, regulation or policy. I understand that the University of Northern Iowa does not require me to execute this waiver and is willing to review my application whether or not I sign it.

Student's Signature _____ Date _____

To the Evaluator:

As required by the Family Educational Rights act of 1974, and the University of Northern Iowa, a student may either elect to waive the privilege of viewing this recommendation form. If the student has not signed the above waiver you should consider this form to be non-confidential. We do request that you use the form on the reverse side for your recommendation and return it directly to the school named above. If you need room for additional comments please feel free to attach an additional page.