



Recommendation for Admission to SRTG Program

Applicant Name _____

SRTG Program
6375 W. Charleston Blvd
Las Vegas, NV 89146

Instructions for applicant: If you submit one letter of recommendation, you may receive **7.5 points** towards selection. If you submit two letters of recommendation, you may receive **15 points** towards selection. All letters of recommendation must be completed within 12 months of the application deadline. **No forms from patients, clients or family members will be accepted.** Please complete the information in the box below before delivering this form to the individuals you have selected to provide you with a recommendation. Each person is to complete the form, place it in a sealed envelope, sign the envelope on the outside over the seal and return the envelope to you. You should then submit the sealed recommendations to the "Limited Entry Office" with the "Completion Checklist." All recommendations must be received by the June 1st application deadline.

Waiver Statement

This waiver statement should be signed only if you waive the right, granted you by the Family Educational Rights and Privacy Act of 1974, to read this recommendation. I hereby freely and voluntarily waive my rights of access to any information contained in this recommendation form and agree that the statement shall remain confidential.

Signature of Applicant: _____ Date: _____

Instructions to the person completing this recommendation form: Please fill in the information about yourself. Please be sure to sign and date the bottom of the recommendation form when you have finished. Any information left blank will render this recommendation invalid for program consideration. Please read each statement and assess the applicant's behavior by checking the appropriate box.

Evaluator Name _____ Title/ Credentials _____
Institution/Dept _____ Relationship to applicant _____

Key:

Excellent-demonstrates behavior 95-100% of time **Good**-demonstrates behavior 85-94% of time
Average-demonstrates behavior 75-84% of time **Below Average**-demonstrates behavior less than 75% of time

| Please check the box that best describes the applicant. | Excellent | Good | Average | Below Average | No Basis for Judgment |
|---|-----------|------|---------|---------------|-----------------------|
| Commitment to learning (ability to self-assess, self-correct and self-direct) | | | | | |
| Interpersonal Skills (interacts effectively with people from diverse cultures and backgrounds) | | | | | |
| Communication Skills (effective and appropriate verbal, non-verbal, reading, and writing skills) | | | | | |
| Professionalism and Responsibility (demonstrates professional conduct, honesty, commitment and accountability) | | | | | |
| Problem Solving and Critical Thinking (recognizes and defines problems, develops and implements appropriate solutions) | | | | | |
| Use of Constructive Feedback (open to and uses feedback to make improvements) | | | | | |
| Stress Management (Identifies sources of stress and appropriate mechanism to handle stress) | | | | | |
| Effective Use of Time and Resources | | | | | |
| Cooperation, Rapport, Integrity | | | | | |

SRGT 5/23

Evaluator Signature _____ Date _____