



# 2012 LEADERSHIP TRAINING TEAM RECOMMENDATION FORM



## 1. Waiver

### WAIVER OF ACCESS

I have requested that this recommendation be submitted for use in the **FCCLA Leadership Training Team Member** application.

- I waive access to this report. It shall therefore be considered confidential and not available to me.
- I do not waive access to this report.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

**NOTE TO EVALUATOR:**

If the applicant has agreed to the waiver printed above, we will preserve the strict confidentiality of this document and it will be made available only to the FCCLA national staff. If the applicant has not agreed, this report will be made available to the applicant upon request. **ALL APPLICATION PACKET MATERIALS MAY BE COPIED FOR DISTRIBUTION TO APPLICANTS.**

## 2. Instructions

For the Applicant	For the Evaluator
After you have filled in and signed the front of this form, give it to one of the two people you have chosen to recommend you. Evaluators should be in. No application will be considered complete without two complete recommendation forms.	The information that you supply concerning this applicant's personality and motivation is very important in the final evaluation. No application will be considered complete without this information. Please direct any questions to the applicant or Edie Doane, Leadership Development Manager, at (703) 476-4900 x. 307.
<b>IMPORTANT: Be sure to complete and sign the front of each letter of recommendation. It is your responsibility to ensure recommendations are submitted in a timely manner on your behalf.</b>	<b>IMPORTANT: After you have completed this recommendation, please return it by February 15, 2012 directly to FCCLA by mail, email, or fax to:</b> FCCLA Leadership Training Team Recommendation Attn: Edie Doane 1910 Association Drive Reston, VA 20191 <a href="mailto:edoane@fclclinc.org">edoane@fclclinc.org</a> Fax: (703) 860-2713

## 3. Recommendation

**Complete the following information about you (please attach separate sheet if you need more space):**

1. How long have you known the applicant?
2. Under what circumstances have you known the applicant?

Applicant's Name \_\_\_\_\_

3. Do you believe the applicant has the ability and is likely to succeed as a Leadership Team member?

Yes  No Please explain why or why not.

4. Based on your knowledge of the applicant, please answer the following questions:

a.) What are the applicant's greatest strengths and assets?

b.) What are the applicant's greatest weaknesses and liabilities?

5. By marking the appropriate box, please rate the applicant on each of the following characteristics (as compared to his/her peers):

Characteristic	Below Average	Average	Above Average	Superior	Unknown to Me
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-Solving Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please write a short summary of your primary reason for recommending this applicant.

Evaluator's Name \_\_\_\_\_

Email Address \_\_\_\_\_

Preferred Phone \_\_\_\_\_  Daytime  Evening  Cell

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Note: This recommendation will not be considered complete without the evaluator's signature.)