

Brooklyn LEND Program

Leadership Education in Neurodevelopmental and Related Disabilities

Letter of Recommendation Form

Section 1: Applicant's information

Last name, First name _____

Phone number: _____

Email: _____

Section 2: Recommender's information

Last name, First name _____

Profession _____

Position/Title _____

Company/Organization _____

Company/Organization Address (street, city, state, zip code)

Email _____

Phone number _____

How long have you known the applicant?

 Less than one year 1-3 years 3-5 years More than 5 years

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How well do you know the applicant?

- Very well
- Moderately
- Minimally

In what capacity have you known the applicant?

- Program chair
- Clinical supervisor
- Professor
- Family member
- Self-advocate
- Other _____

Section 3: Recommender's assessment

You can type your assessment below or email it as a separate attachment.

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Recommender's signature: _____ Date: _____

Please email the completed letter of recommendation form directly to LEND@Downstate.edu and write the full name of the applicant in the Subject line.

You can read more information about Brooklyn LEND on our Website:
<https://www.downstate.edu/education-training/school-of-health-professions/brooklyn-lead/>