

**Brooklyn LEND**  
*Leadership Education in Neurodevelopmental Disabilities*

**Section 1: Application Information**

Program Applying to:

\_\_\_\_\_  
Applicant's Last Name                      Applicant's First Name                      Applicant's Middle Name

\_\_\_\_\_  
Email    Phone

**Section 2: Recommender's Information**

\_\_\_\_\_  
Recommender's Last Name                      Recommender's First Name                      Recommender's Middle Name

\_\_\_\_\_  
Title/Position    Profession

Email: \_\_\_\_\_

Company/ Organization:

\_\_\_\_\_  
Address Line1

\_\_\_\_\_  
Address Line2

\_\_\_\_\_  
City    State    Zip/Postal Code

Telephone Number: \_\_\_\_\_

**How long have you known this applicant?**

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

**How would you rate your personal knowledge of the applicant?**

\_\_\_ Very well \_\_\_ Moderately \_\_\_ Minimally \_\_\_ Not at all

**In What capacity have you known the applicant?**

\_\_\_ Program Chair

\_\_\_ Clinical Supervisor

\_\_\_ Family Member

\_\_\_ Self-advocate

\_\_\_ Other

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Section 3: Recommenders Assessment

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Print Name

Signature

Date