**Pre and Perinatal Professional Training**

**2022-2023, Western MA**

### *Recommendation Form*

**Applicant:**

Applicant, please complete this portion prior to submitting it to the recommender:

I give permission to the recommender to speak with Myrna Martin, Susan Hall, Elsa Asher, or Eileen Sendrey regarding my ability to benefit from and apply myself to this training.

Applicant’s signature:

Date:

I waive the right to view this letter and form of recommendation (recommended but not required).

Applicant’s signature:

Date:

**Recommender:** Please complete this portion below and write a letter of recommendation. If you would like more information about the training please contact Susan Hall at hall.health@gmail.com. *Please complete this evaluation and email both pages along with your letter of recommendation DIRECTLY to:* Susan Hall at hall.health@gmail.com or send to Massachusetts Training ℅ Eileen Sendrey, PO Box 1751, Morgan Hill, CA 95038.

Recommender’s Name:

Address:

Phone(s):

Email:

Profession:

Degrees, Licenses or Trainings:

What is your relationship to the applicant?:

How long have you known the applicant?:

How well do you know the applicant?:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Outstanding | Excellent | Good | Average | Below Average | Unable to evaluate |
| Character and Integrity |  |  |  |  |  |  |
| Interpersonal skills |  |  |  |  |  |  |
| Respectful of others |  |  |  |  |  |  |
| Ability to work with others and in teams |  |  |  |  |  |  |
| Ability to work independently |  |  |  |  |  |  |
| Receives coaching well |  |  |  |  |  |  |
| Has clear interpersonal boundaries |  |  |  |  |  |  |
| Takes responsibility for own actions & impact |  |  |  |  |  |  |
| Keeps time commitments |  |  |  |  |  |  |
| Keeps financial commitments |  |  |  |  |  |  |
| Follows through with other commitments |  |  |  |  |  |  |

Name of Applicant:

Recommender’s Signature:

Date: