INSTRUCTIONS TO THE APPLICANT: Please read and complete the top section of this form before submitting to the respondent. Remember that this recommendation is for your current Residence Manager, Assistant Residence Manager or Residents’ Assistant to complete.

Applicant Name: ______________________________________
Respondent Name: ______________________________________
Title: __________________________________________________
Daytime Contact Number: _________________________________

In accordance with the provisions of the Family Education Rights and Privacy Act of 1974, P.L. 98-390 (as amended) with specific reference to the section 43 (A) (1) (B) and Subtitle A., Section 99., 99.12.

I (   )DO  (   )DO NOT, give up my right of access and review to this letter of reference I am requesting. Note: If you check DO, the reference MUST be given to Residential Life in a sealed envelope with the Respondent signature across the flap.

Signature of the Applicant: _______________________________ Date: __________________

INSTRUCTIONS TO THE RESPONDENT: The person requesting this reference is an applicant for the position of Residents’ Assistants with the office of Residence Life at Delaware State University. All comments will be treated in a confidential manner.

A brief description of the Resident Advisor position includes responsibilities such as: seeking intentional relationships with student, serving as a resource person on campus, promoting personal development through educational and social programming, enforcing college policies in the Residence Halls, acting as a liaison between students, college faculty, and staff, serving as a positive role-model and showing a well-rounded lifestyle.

Thank you for assisting the office in helping the Residents’ Assistant Selection Committee become more acquainted with the applicant. Through your relationship with the applicant, your may be able to supply important information that may not be obtained from the applicant’s materials. Note: We are not looking for an additional letter of recommendation; however, you may provide us with one. Instead, we are looking for specific information, including observed feedback, which will assist in the decision making process.

PLEASE RETURN THESE PAGES TO THE OFFICE OF RESIDENCE LIFE, LAWS HALL, BY 5:PM ON MONDAY, FEBRUARY 20, 2006.
Using the aforementioned job description, please respond to the following:

How well do you know this applicant?  Very well  Well  Fairly well

If you were in the position to hire this person, would you do so?  Yes _____ No _____

Please rate the applicant on a scale of 1-5 in the following areas:

5 = very high  4 = high  3 = average  2 = below average  1 = poor  NB = no basis for opinion

- ability to relate to others
- judgment
- ability to communicate ideas
- openness to new ideas
- adaptability
- consideration of others
- initiative
- maturity
- responsibility
- reliability

On a scale of 1-5 please indicate your reaction to this applicant’s becoming a Resident Advisor (5 = strong yes, 4 = yes, 3 = maybe, 2 = no, 1 = strong no.)

5 4 3 2 1

Please list the strengths of this candidate, in relation to the RA position:

Please list areas of concern about this candidate, in relation to the RA position:

Use this space for further comments. Personal feelings and intuition are appropriate to comment. Also include whether this student would be a strong leader among peers in a supervisory capacity, and how aware you think this person is of the needs and culture of college students.

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Name _______________________________________

Signature ______________________________________________  Date ______________