Peer Mentor
LETTER OF RECOMMENDATION

Candidate Name: __________________________________________ Date: ____________________

To the Applicant:

Under the terms of the Family Education Rights and Privacy Act of 1974, as amended with regard to this reference:

Please check one:  _____ I WAIVE my right to view this reference.

_____ I RETAIN my right to view this reference.

After completing this section, please give this form to the intended author of the reference. He/she will return it directly to Lore McFadden, director of programs. This reference will be used strictly as a part of the selection process and for no other purpose.

Candidate’s signature: ________________________________ Date: ______________

To the Reference:

Lore McFadden, Director of Programs for the Salesian Center at DeSales University will be supervising a group of Peer Mentors as part of the DREAMS/FE summer educational enrichment program. This group of students will help make a connection between high school students and DeSales University. They will be specifically selected, trained and given on-going supervision. Each Peer Mentor will oversee and interact with approximately 5-7 students (children) during each week-long program.

This is the position for which you have been asked to evaluate the above-named candidate. This evaluation should be mailed or dropped off directly to Lore McFadden, Dorothy Day 103. This reference will be handled in a confidential manner. We appreciate your honest evaluation of this candidate. If you have any questions, please call 610-282-1100 ext. 1244.
How long and under what circumstances have you known the applicant?

Explain why you judge this person as qualified or unqualified to be involved in the DREAMS/FE Program (Please feel free to attach a more detailed letter of recommendation).

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<tr>
<th>Quality</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>No Basis for Judgment</th>
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<tr>
<td>Makes favorable impressions</td>
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<td>Self-motivating</td>
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<td>Dependability</td>
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<td>Flexibility</td>
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<td>Interpersonally effective</td>
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<td>Sensitive and responsive to others</td>
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<td>Able to work effectively in ambiguous and/or stressful situations</td>
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Based on your knowledge of this applicant, how successful do you think this person would be a Peer Mentor? (Please circle one)

1 2 3 4 5
Very Successful Average Not Successful

Rater’s Signature: _______________________________ Date: ________________
Rater’s Name (Please print): ____________________________________________
Title and/or Position: __________________________________________________
Address: __________________________ Phone: ___________________________

Please return this letter of recommendation by April 7, 2020, to:
Lore McFadden, MBA, PMP
DREAMS/Fe Administrator
Dorothy Day 103
DeSales University
2755 Station Avenue
Center Valley, PA 18034