The DREAMS Program
LETTER OF RECOMMENDATION

Candidate’s Name: __________________________________ Date: __________________

To the Reference:

The above named student is applying for admission to the DREAMS summer program. We ask you for your careful evaluation of this student. Please return this form to the student in an envelope sealed and signed by you. If you would prefer to send the completed form directly to DeSales University you can do so. Your report will be kept confidential. We greatly appreciate your time and assistance.

Please note this must be received by March 23, 2020.

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 Program (Please feel free to attach a more detailed letter of recommendation).
Please rate the applicant on the following skills:

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<th></th>
<th>Above Grade Level</th>
<th>At Grade Level</th>
<th>Below Grade Level</th>
<th>No Basis for Judgment</th>
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<tr>
<td>Written English Skills</td>
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<td>English Skills- Reading</td>
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<td>Ability to listen to directions</td>
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<td>Desire to learn new concepts</td>
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<td>Positive interaction with peers</td>
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<td>Sensitive and responsive to others</td>
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Based on your knowledge of this applicant, how successful do you think this person would be as a member of the summer program? (Please circle one)

1 Very Successful
2 Average
3 Not Successful

Rater’s Signature: ___________________________ Date: __________________

Rater’s Name (Please print): ____________________________________________

Title and/or Position: _________________________________________________

Address: ______________________________________________________________

Email address: __________________________________________________________

Phone: __________________

Please return this letter of recommendation to:

Ms. Lore McFadden
Salesian Center / DeSales University
2755 Station Avenue
Center Valley, PA 18034
lore.mcfadden@desales.edu / 610.282.1100 x 1244