

SHIFT Scholar Program
Faculty Recommendation Form

Applicant Name: _____

Faculty Recommender Name: _____

Department: _____

How long have you known the application: _____

In what capacity have you worked with the applicant: _____

Applicant Evaluation

Competency	Exceptional	Above Average	Average	Below Average	Unable to Evaluate
<i>Academic Ability</i>					
<i>Professionalism</i>					
<i>Communication Skills</i>					
<i>Dependability</i>					
<i>Leadership Potential</i>					
<i>Initiative</i>					
<i>Critical Thinking</i>					
<i>Ability to Work with Others</i>					
<i>Cultural Responsiveness</i>					
<i>Potential for Interdisciplinary Collaboration</i>					
<i>Potential for Leadership in the Profession</i>					

Please describe any experiences that demonstrate the applicant's leadership, collaboration, professionalism, or commitment to working with individuals with disabilities.

Is there any additional information the selection committee should consider about this applicant?

Overall Recommendation

- ☐ *Highly Recommend*
- ☐ *Recommend*
- ☐ *Recommend with Reservations*
- ☐ *Do Not Recommend*

Faculty Signature: _____

Date: _____

Recommendations may be returned directly to the applicant in a sealed envelope with your signature across the seal or submitted directly to the SHIFT Project Director (Ali Kowitz) or Project Coordinator (Tara Lark).

Please return by Monday, November 30, 2026.