

ILLINOIS ASBO LEADERSHIP INSTITUTE LETTER OF RECOMMENDATION



Note to Applicant: Complete the information in this grey area before forwarding it to a recommender of choice. Next, sign and date, as this is necessary for the recommender to proceed. Finally, make sure the recommender has submitted this form and letter of recommendation in the enclosed self-addressed, stamped envelope prior to February 2, as it is a required component of the application process.

Applicant Name _____

School District / Company Name _____

Confidentiality Agreement: I hereby waive my right to access this letter of recommendation.

Applicant Signature _____

Date _____

Note to Recommender: The person whose name appears above has applied for admission to the Illinois ASBO Leadership Institute, and has sought professional evaluation. Provided that the applicant has signed the waiver above, the enclosed response is confidential and will not be shared with the applicant.

SECTION A – PERSONAL INFORMATION

Section may be completed by attaching business card.

First _____

Middle _____

Last _____

Title _____

Company/District Name _____

Mailing Address _____

Work Phone _____

E-mail _____

SECTION B – RELATION ASSESSMENT

Section may be continued to a separate sheet if necessary.

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Are you the applicant's immediate supervisor? _____

Yes

No

What do you consider to be the applicant's outstanding talents, strengths and potential within your organization?

Describe a situation that illustrates the applicant's managerial potential or capabilities.

How would the Leadership Institute help prepare the applicant for his/her next career step?

SECTION C – SUMMARY EVALUATION

The program utilizes a collaborative, interactive approach that draws upon participants' business skills and experiences.

RATES THE FOLLOWING AREAS	NOT OBSERVED	POOR	AVERAGE	GOOD	EXCELLENT
Intellectual Ability					
Team Player					
Time Management Skills					
Maturity					
Communication Skills					
Written Communication Skills					
Leadership Skills					
Adaptability					
Motivation					
Integrity					

Thank you for completing this recommendation. We value your opinion and appreciate your time and input.

Is the district/company committed to supporting the applicant on this year-long program either in time and/or financing?

Yes _____ No _____

Will you be willing to continue the work of the Leadership Institute with the applicant through continued goal-setting, reflections and feedback?

Yes _____ No _____

Please sign, date and return this form to Illinois ASBO.

Recommender Signature _____ Date _____

PLEASE RETURN THIS FORM AND ALL APPLICABLE ATTACHMENTS BY FEBRUARY 2

For questions or to submit your completed form, please contact:
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