



Adolescent Education Program
Teens Helping Each Others (T.H.E.O) Project
LETTER OF RECOMMENDATION

Candidate's Name: _____ **Date:** / /20 _____

Recommender's Name and Title: _____

Address: _____ **Telephone Number:** _____

Recommendation Questions: *(Please feel free to add additional pages if necessary)*

1) Please describe the applicant's most important strengths and areas for growth as a leader.

Strengths _____

Weaknesses _____

2) What do you think this applicant could gain from participating in a Peer Leadership program based in a community health setting?

3) How has this applicant demonstrated excitement, curiosity and/or commitment to Social/ Health and Community issues?

4) What role does the applicant usually play when s/he works in a group? Please tell us any thoughts you have about how s/he speaks; listens; handles shared work; and reacts to disagreement/conflict?

5) Do you have any concerns about the applicant's behavior or ability to sustain a year-long commitment that might make it challenging for him/her to contribute positively to this program?

