



Recommendation Request Form

Today's Date: _____

Student Last Name: _____ Student First Name: _____

Student's DOB: _____ Recommender's Email: _____

Recommender's Name: _____

Relationship to applicant: _____

Please complete the below evaluation and attach this form to your written recommendation letter. All recommendation letters and evaluation forms must be signed and dated. Materials should be emailed to edprograms@BrooklynDA.org, with subject line: Brooklyn DA Summer Internship Program, Applicant's Name. If you have any questions, please contact Felicia Harris, 718-250-4873.

Check (x) in the applicable box.

	Fair	Average	Good	Excellent
Ability to follow instructions				
Relates well with others				
Demonstrates dependability				
Strives for excellence				
Punctual				
Mentally alert(organizational skills, problem solving skills)				
Demonstrates proper etiquette and personal grooming				
Exhibits a high-level of integrity and honesty				

Recommender's Signature: _____