

HIGH POINT & AFFILIATED ORGANIZATIONS

Supervisor Recommendation Form

EMPLOYEE LAST NAME:	FIRST NAME:	TITLE:			
Supervisor/Manager/Director Information					
YOUR PRINTED NAME:		YOUR TITLE:			
LENGTH OF TIME YOU HAVE KNOWN THIS APPLICANT:		YOUR PHONE #:			
Please Give Examples in Each Section		EXCELLENT	GOOD	FAIR	POOR
DEPENDABILITY(ATTENDANCE/TIMELINESS) DESCRIBE:					
LEVEL OF MOTIVATION (ENTHUSIASM, LEARNING NEW SKILLS):					
SELF-DIRECTED (INDEPENDENCE NEED FOR DIRECT SUPERVISION):					
COMMUNICATION SKILLS (WITH PEERS, CLIENTS, VENDORS):					
ACCEPTS SUPERVISION/DIRECTION:					
PROFESSIONAL BOUNDARIES (PEERS, CLIENTS, SUPERVISORS):					
FLEXIBILITY :					
WRITING/DOCUMENTATION SKILLS:					
I HAVE GIVEN AN UNBIASED EVALUATION OF THE ABOVE NAMED CANDIDATE:					
SUPERVISOR/MANAGER SIGNATURE: _____ DATE: _____					
*IF COMPLETING FOR THE ACT PROGRAM PLEASE RETURN SIGNED TO ACTPROGRAM@HPTC.ORG .					
*IF COMPLETING FOR THE RECOVERY COACH ACADEMY PLEASE RETURNED SIGNED TO JFORTES@HPTC.ORG .					