Recovery Program Reference Letter

Referral Guidelines

Please Return to: Lilly.Ettinger@Baylor.edu or Lilly Ettinger, One Bear Place #87197, Waco, TX 76798-7197

Basic Information

Applicant’s Name: ________________________________________________________________

Name of Person Completing Recommendation: ______________________________________

Office Phone: ___________________________ Home Phone: ___________________________

E-Mail Address: _________________________________________________________________

Referral Information

How long have you known the applicant: ___________________________________________

In what capacity? __________________________________________________________________

Please check the appropriate evaluation:

<table>
<thead>
<tr>
<th></th>
<th>Superior</th>
<th>Excellent</th>
<th>Above Average</th>
<th>Below Average</th>
<th>Can’t Evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intelligence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perseverance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:_____________________________________________________________________

Do you know this applicant well enough to verify at least 6 months of complete and continuous abstinence from alcohol and drugs? ____________________________________________________________________________

What length of abstinence time can you verify? ____________________________________________________________________________

Recovery groups most frequently attended by this applicant? ______________________________________________________________________

How frequently does this applicant attend recovery group meetings? _____________________________

Signature: ___________________________ Date: ________________________________

_________________________________________