

BEAUTIFUL BEGINNING MIDWIFE TRAINING CENTER

MIDWIFERY TRAINING PROGRAM

6611 River Place Blvd. Ste 107 Austin TX 78730

512.636.3661 fax 512.727.0627

LETTER OF RECOMMENDATION

Name of Applicant: _____

The above applicant has applied for admission to Beautiful Beginning Midwife Training Center, a school of midwifery that offers a very rigorous program of study. There are certain qualities and skills that midwives should possess. We ask you to rate this applicant using the following scale. Please comment to clarify or amplify your assessment of these qualities and skills. You may write on the back of this sheet as well.

Excellent	Above Average	Above Average	Below Average	Unacceptable	Not Applicable
5	4	3	2	1	NA

	5	4	3	2	1	NA	Comments
Honesty	5	4	3	2	1	NA	
Commitment	5	4	3	2	1	NA	
Compassion	5	4	3	2	1	NA	
Initiative	5	4	3	2	1	NA	
Flexibility	5	4	3	2	1	NA	
Ability to work in a group	5	4	3	2	1	NA	
Respect for diversity	5	4	3	2	1	NA	
Academic ability	5	4	3	2	1	NA	
Ability to cope with stress	5	4	3	2	1	NA	
Ability to receive constructive criticism	5	4	3	2	1	NA	
Professionalism	5	4	3	2	1	NA	

Your name: _____

Date: _____

Your Profession: _____

Relationship to Applicant: _____

Length of time you have known this applicant: _____

Your telephone number: _____

e-mail address: _____

Thank you for taking the time to complete this letter of recommendation and supporting this applicant's pursuit of midwifery education. Please return this letter either by fax or postal mail to the address above.