Recommendation Form – Psychiatrist or Prescribing Authority
Deadline: January 31, 2024

This Recommendation Form must be completed by the applicant's psychiatrist or prescribing authority (family members cannot fill out forms).
Please mail the completed form in the pre-addressed, stamped envelope provided by applicant, back to the applicant. (Note: Applicants are required to submit unopened envelopes containing these forms with their application packets.) Questions? Contact baerscholarships@reintegration.com

APPLICANT: PLEASE COMPLETE THIS PORTION.

Applicant's name

Applicant's signature

Phone   Date

REFERENCE: PLEASE COMPLETE THIS PORTION.

Psychiatrist/prescribing authority's name   Position

Institution/company

City   State   Zip

Do you have a HIPAA authorization form on file for the applicant which permits you to discuss his/her health information?   ☐ Yes   ☐ No
(If a HIPAA authorization form is <u>not on file</u>, this application will be ruled incomplete.)

Please confirm diagnosis AND provide DSM-IV or DSM-V code

What psychotropic medications is this applicant currently taking?

How well do you know the applicant?   ☐ Not well   ☐ Somewhat   ☐ Well   ☐ Very well   How long have you known the applicant? _____

Is the applicant's scholastic record, as you know it, an accurate index of his/her scholastic potential?   ☐ Yes   ☐ No

If no, please explain

How would you rate this applicant in terms of:	Excellent 90-100	Very good 75-89	Good 60-74	Fair 40-59	Poor 20-39	Very poor 0-19	Unable to judge
1. Intellectual ability	☐	☐	☐	☐	☐	☐	☐
2. Ability to work independently	☐	☐	☐	☐	☐	☐	☐
3. Writing skills	☐	☐	☐	☐	☐	☐	☐
4. Speaking skills	☐	☐	☐	☐	☐	☐	☐
5. Conceptual ability	☐	☐	☐	☐	☐	☐	☐
6. Productivity	☐	☐	☐	☐	☐	☐	☐
7. Judgment	☐	☐	☐	☐	☐	☐	☐
8. Dependability	☐	☐	☐	☐	☐	☐	☐
9. Capacity to handle stress	☐	☐	☐	☐	☐	☐	☐
10. Commitment to recovery	☐	☐	☐	☐	☐	☐	☐
11. Feasibility of patient's educational and vocational goals	☐	☐	☐	☐	☐	☐	☐

Do you have any information related to the applicant that should be considered by the judging panel in assessing the individual's capacity to succeed in academic pursuits?

_____

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_____

Overall recommendation:

☐ Highly recommend   ☐ Recommend   ☐ Recommend with some reservations   ☐ Do not recommend

Reference's signature   Date