



2023-2025 LEADERSHIP TRAINING TEAM RECOMMENDATION FORM

SECTION 1: Instructions

Family, Career and Community Leaders of America (FCCLA) is seeking to enlist a group of talented FCCLA alumni from a variety of diverse backgrounds to join the 2023-2025 Leadership Training Team (LTT). LTT members are chosen by national staff to develop trainings, lead workshops and breakout sessions, communicate with national network members and generally serve as an extension of national staff.

Thank you for agreeing to share your insight about a candidate for the FCCLA Leadership Training Team. The candidate's ability to work with student leaders, as well as time management and their ability to meet deadlines are key factors for this position. Please keep that in mind as you fill out this reference form. The information that you supply concerning this applicant's personality and motivation is very important in the final evaluation. No application will be considered complete without this information.

Please direct any questions to the applicant or Beth Carpenter, Leadership and Programs Director, at (703) 476-4900 or bcarpenter@fcllinc.org.

IMPORTANT: After you have completed this recommendation, please return it by November 28, 2022 directly to FCCLA by mail, email, or fax to:

FCCLA Leadership Training Team Recommendation
Attn: Beth Carpenter, Leadership and Programs Director
13241 Woodland Park Rd, STE 100, Herndon, VA 20171
bcarpenter@fcllinc.org
Fax: (703) 439-2662

SECTION 2: Recommendation

Complete the following information about the applicant (please attach separate sheet if you need more space):

1. Applicant's Name
2. How long have you known the applicant?
3. Under what circumstances have you known the applicant?

4. Describe why you believe the applicant has the ability and is likely to succeed as a Leadership Training Team member.

5. Based on your knowledge of the applicant, please answer the following questions:

a.) What are the applicant's greatest strengths and assets?

b.) What are the applicant's greatest weaknesses and liabilities?

6. By marking the appropriate box, please rate the applicant on each of the following characteristics (as compared to his/her peers):

Characteristic	Below Average	Average	Above Average	Superior	Unknown to Me
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-Solving Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsiveness/Timeliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please write a short summary of your primary reason for recommending this applicant.

Evaluator Name _____

Email Address _____

Preferred Phone _____ Daytime Evening Cell

SIGNATURE: _____ DATE: _____

(Note: This recommendation will not be considered complete without evaluator's signature.)