



Please return completed form and requested material to:
Dynamy Admissions Dept. • 27 Sever Street • Worcester, MA 01609
Tel: 508.755.2571 • Fax: 508.755.4692 • admissions@dynamy.org

my PARENT/GUARDIAN STATEMENT

TO THE APPLICANT: According to the Family Education Rights and Privacy Act of 1974, you will waive the right to review your educational records. Please indicate whether or not you waive the right to access this recommendation.

I waive my right to access

I do not waive my right to access

Applicant Name: _____

Applicant's Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

TO PARENT(S)/GUARDIAN(S): Internship Year generally requires students to be dependable and prompt, to work independently and in groups and to communicate clearly with supervisors, peers and Dynamy staff. For more detailed information about Dynamy Internship Year, please review our website (www.InternshipYear.org) or call the Director of Admission (508-755-2571).

We greatly appreciate your willingness to provide a frank and prompt appraisal of the applicant. Please complete and sign (above) this form and return it to Dynamy Admissions Department, 27 Sever Street, Worcester, MA 01609.

Short Answers:

What are the applicant's strengths? _____

What are the applicant's challenges? _____

What goals would you set for the applicant's Internship Year? _____

How would you describe the applicant's learning style and optimal learning or work environment?

Internship Year Skills Assessment: How would you describe the applicant's abilities in the following categories?
 (please check one box for each skill and briefly describe the applicant's abilities in those categories where you've checked either "strength" or "challenge")

	Strength	Neither Strength nor Challenge	Challenge	Brief Response
<i>Organizing Belongings</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<i>Scheduling Time</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<i>Prioritizing Tasks and Goals</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<i>Completing Tasks on Schedule</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<i>Creatively Solving Problems</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<i>Communicating with Peers</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<i>Communicating with Older Adults</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<i>Contributing Positively to Groups</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<i>Reflecting on Past Experiences</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<i>Accepting Feedback</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<i>Providing Feedback to Others</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
