



Letter of Recommendation

This letter of recommendation will be used to determine the applicant's readiness and appropriateness for being a part of the Collegiate Recovery Community and/or Recovery House at The Ohio State University

Please return by mail or email to:
Ahmed Hosni
1230 Lincoln Tower, 1800 Cannon Drive
Columbus, OH 43210
recovery@osu.edu

Applicant's name: _____

Reference name: _____

Position/Institution/Company: _____

Phone Number: _____ Email Address: _____

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Please check the appropriate evaluation:

	Superior	Excellent	Above Average	Below Average	Can't Evaluate
Perseverance					
Motivation					
Organization					
Responsibility					

Comments (Please explain marks of Superior or Can't Evaluate): _____

Do you know this applicant well enough to verify at least 6 months of complete abstinence from all drugs and alcohol? If so, what length of abstinence time can you verify?

Did you know the applicant prior to them beginning their recovery? If so, describe the major differences you see in the applicant now that they are in recovery?



In your opinion, what are the foundations of the applicant's recovery?

What leads you to believe this applicant is working a healthy recovery program?

What areas can the applicant improve to become a better student, emerging professional, community member and a more well-rounded individual?

What compulsive behaviors does this individual struggle with other than substance misuse? What information do you have about them and what are your concerns?

What health concerns do you have in regards to daily hygiene, physical health and nutrition?

How would you describe this individual's emotional health in terms of stress, mood, energy and sleep?

How would you describe the quality of the applicant's important relationships? For example, with peers, parents and significant others?

Signature _____ Date _____