

TISM Applicant Recommendation Form
STATE OF MICHIGAN
Traumatic Incident Stress Management Program/Employee Service Program



RE APPLICANT: _____

FORM COMPLETED BY: _____

Please comment on the applicant's ability in the following skill areas:

Communication/Listening:

Life skills/stress management:

Sensitivity to others/ability to give emotional support:

Respect and trust of peers:

Applicant to have each of three references complete form and send directly to Department Coordinator.
Questions? Contact State TISM Coordinator 800-521-1377

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Expressing his/her own feelings whether they are positive or negative:

Social interaction and maturity:

Ability to function as a team member

Ability to Keep Confidences:

Ability to adhere to established limits and criteria:

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Would you feel comfortable talking to the applicant if something traumatic happened to you? If not, why?
Are you aware of any traumatic incidents you think the applicant may have difficulty dealing with? Yes _____ No _____ If yes, please explain:
Please comment on any examples where the applicant may have assisted a fellow employee or another person who was experiencing some trauma?
Please identify how or why this applicant would be an asset to the TISM Team?

Name: _____ **Position/Title** _____

Relationship to Applicant: _____ **Date:** _____

Please return this Recommendation Form directly to:

_____ **Department. TISM Coordinator**

_____ **(Address or ID Mail)**

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