



LETTER OF RECOMMENDATION FORM
PARTNERS IN POLICYMAKING (PIP) TRAINING PROGRAM

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Thank you for agreeing to complete this Partners in Policymaking (PIP) Training Program Letter of Recommendation Form. This form will be used as your letter of recommendation. PIP participants are people with developmental disabilities and/or parents of young children with developmental disabilities. Individuals participating in the program will attend advocacy training and skill-building workshops that will be held in seven two-day sessions between September and April.

Please email the completed Letter of Recommendation Form to: training@vbpd.virginia.gov.
RECOMMENDATIONS SHOULD BE RECEIVED NO LATER THAN FRIDAY, MARCH 17, 2025, BY 5:00 P.M.



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NAME OF PIP APPLICANT: _____

Reference name: _____

Relationship to applicant: _____

How many years have you known the applicant: _____

In what capacity do you know the applicant: _____

- Mentor
- Religious leader
- Friend
- Supervisor
- Other, please describe: _____

Tell us about the applicant.

Share with us why this applicant should be considered for admission into the **Virginia Board for People with Disabilities (VBPD) Partners in Policymaking (PIP) Training Program.**