Letter of Recommendation to Supplement Application for Admission

Select Your Desired Program:

[ ] Undergraduate Elementary Licensure  [ ] Undergraduate Secondary Licensure

I. TO BE COMPLETED BY THE APPLICANT

Applicant Name: ____________________________

(Last)       (First)       (Middle)

Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing the recommendations may attach more significant statements to them if it is known that the recommendation will remain confidential. It is your option to waive your right to access the recommendation or to decline to do so. I understand that this recommendation may be used within the College of Education for admission to other programs, scholarships, etc. Please mark the appropriate phrase below, indicating your choice of option, and sign your name.

☐ I waive my right to review the contents of this recommendation.  (you will NOT be able to read this letter)

☐ I do not waive my right to review the contents of this recommendation.  (you will be able to read this letter)

Signed: ____________________________  Date: ____________________________

II. To the Author of the Letter of Recommendation

A. The College of Education Admissions Committee is dependent upon your insights as we determine who should be admitted to our teacher education and graduate programs. Toward that end, the above named applicant is requesting a letter of recommendation. The applicant has indicated by marking the appropriate checkbox which of their attributes they wish for you to address in the letter.

☐ Academic Performance

Describe your direct knowledge of the person’s intellect. Such factors to comment upon would include being studious, resourceful, inquisitive, and enthusiastic about learning new subject matter.

☐ Professional Attributes

Describe your direct knowledge of this person’s dispositions that reflect upon their potential as a teacher. Such attributes would include reliability, initiative, poise and conscientiousness.

☐ Working with Youth

Describe your direct knowledge of this person’s talent in working with minors in an educational setting. Such skills you should address include organization, compassion, firmness and stamina.
B. Knowledge of Applicant

1. I have known the applicant for ________ years, ________ months.
2. I know the applicant ________ slightly, ________ fairly well, ________ very well.
3. I have known the individual
   ___ as an undergraduate student  ___ as a graduate student
   ___ as a principal/asst. principal  ___ as an employee
   ___ as a district office supervisor  ___ as a professional colleague
   ___ other: ____________________________

To the extent of which you have a basis for judgment, please rank the applicant against others with whom you have been associated in a similar capacity.

<table>
<thead>
<tr>
<th>Motivation as a teacher</th>
<th>Upper 2%</th>
<th>Upper 10%</th>
<th>Upper 25%</th>
<th>Upper 50%</th>
<th>Lower 50%</th>
<th>No Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching potential</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care and respect for students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classroom teaching effectiveness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation as a student</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. Please attach a separate letter that addresses any pertinent material regarding the character, integrity, and personality of the applicant. We particularly want the writer’s opinion of the intellectual ability, capacity to carry on advanced studies in his/her field and potential for a successful professional career in education. Details to substantiate the opinion will be helpful.

D. Admission to the Teacher Licensure Programs is:

   ___ Strongly recommended
   ___ Recommended
   ___ Recommended with reservation
   ___ NOT recommended

Printed Name: ____________________________
Title: ____________________________
Address: ____________________________
Telephone: ____________________________
Email: ____________________________
Signature: ____________________________ Date: ____________

Thank you for your help in completing this recommendation.
Please return the letter to the student in a sealed envelope with your signature over the seal. Students should submit their recommendations in the same envelope as their application materials.