RECOMMENDATION FORM

Applicant's name (Please print) ________________________________

Name of person completing this form ________________________________

To the Applicant: This form should be given to at least one university or college professor, employers, and/or supervisors who are able to comment on your qualifications as a potential special education teacher. Your references may be contacted by the Department of Special Education. On the lines immediately above this paragraph type or print your name and the name of the person from whom you are requesting a recommendation. Letters of recommendation must be sealed in an envelope by the author with his/her signature over the seal and must be included in the application packet.

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 significance to them if it is known that the recommendations will remain confidential. It is your option to waive your right to have access to the recommendations or to decline to do so. Please mark the appropriate phrase below indicating your choice of option and sign your name.

_______ I waive my right to review this recommendation.

_______ I do not waive my right to review this recommendation.

Date _______________ Applicant’s Signature ________________________________

RECOMMENDATION

1. I have known the applicant for ______ Years, ______ Months.

2. I know the applicant: slightly _______ fairly well _______ very well _______

3. I have known the applicant:

______ as an undergraduate student ______ as an advisee

______ as an employee ______ as a volunteer under my supervision

______ as a professional colleague ______ other

4. The applicant has taken: none of my classes ______ one of my classes ______

______ two or more of my classes ______

______ not applicable ______
5. Compared to the population indicated in item 3, how do you rate the applicant:

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<thead>
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<th>EXCELLENT</th>
<th>4</th>
<th>AVERAGE</th>
<th>3</th>
<th>POOR</th>
<th>1</th>
<th>No Basis For Judgment</th>
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<tbody>
<tr>
<td>Motivation to achieve</td>
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<td>Potential as a special</td>
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<td>Potential for leadership</td>
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<td>Ability to communicate verbally</td>
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6. Indicate your overall endorsement of the applicant:

- [ ] Not recommended
- [ ] Recommended
- [ ] Recommended with some reservations
- [ ] Highly recommended

7. Please write a brief statement regarding this applicant’s:

(a) potential for success as an undergraduate student in Special Education, AND/OR
(b) potential for success as a special education teacher / service provider.

You may attach a separate letter instead of responding below.

Signature of Respondent __________________________ Date ___________

Name (print) __________________________ Position or title ___________

Organization __________________________

Address of Respondent __________________________

Phone number of Respondent __________________________

YOU MUST PLACE YOUR SIGNATURE ACROSS THE SEALED FLAP OF THE ENVELOPE BEFORE RETURNING IT TO THE APPLICANT. RECOMMENDATIONS IN UNSEALED/ UNSIGNED ENVELOPES WILL NOT BE ACCEPTED.

REV 5/13/14