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 professional colleagues who are able to comment on your qualifications for graduate study in special education. 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     _____ as a graduate student
   _____ 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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<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>Interpersonal skills</td>
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<td>Potential as a special education teacher</td>
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<td>Potential for leadership</td>
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<td>Ability to communicate verbally</td>
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<td>Ability to communicate in writing</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 candidate’s:

(a) potential for success as an graduate 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 7/12/18