

**University of Utah
Department of Special Education**

RECOMMENDATION FORM

Applicant's name (Please print) _____

Name of person completing this form _____

To the Applicant: This form should be given to professors, 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:

	EXCELLENT 5	4	AVERAGE 3	2	POOR 1	No Basis For Judgment
Motivation to achieve						
Interpersonal skills						
Potential as a special education teacher						
Potential for leadership						
Ability to communicate verbally and in writing						

6. Indicate your overall endorsement of the applicant:

_____ Not recommended

_____ Recommended with some reservations

_____ Recommended

_____ 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.