

**Recommendation Form
Interdisciplinary and Inclusive Education Department
College of Education TOSD Endorsement Program**

For the Student:

Student Name _____ Student ID # _____

Name of Recommender _____

<p>RIGHT OF ACCESS: <i>The Federal Family Educational Rights and Privacy Act of 1970 gives students the right of access to their records including letters of recommendation. It is your option to waive your right of access or decline to do so. Please indicate your choice and sign your name.</i></p> <p align="center"> <input type="checkbox"/> I do <input type="checkbox"/> I do not waive my right to review this recommendation. </p> <p> _____ <i>Signature of applicant</i> _____ <i>Date</i> </p>	
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For the Recommender: Your candid's responses to the questions in this form will help us to evaluate the applicant's qualifications for admission to the TOSD Endorsement program listed above. Please return this form to the applicant for submission via Tk20. You can also, email the document to the program advisor. Thank you for your input.

1. How long have you known the applicant? _____

2. In what capacity? _____

3. How do you rate the applicant on the following characteristics in comparison with others with the same level of training?

FACTOR	OUTSTANDING	SUPERIOR	AVERAGE	BELOW AVERAGE	NO JUDGMENT
Motivation for proposed program of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for independent work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills(oral/written)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How do you rate the applicant in overall ability and promise in comparison with others with the same level of training?

Equal to the best in any department
 Will perform at a superior level whenever admitted
 Performance should be up to average of most students
 Qualifications marginal, but warrants consideration
 Questionable whether admission to field of study is warranted
 Unable to judge

Additional Comments: _____

Recommender's name (please print)

School/Company

Address

Email address

Recommender's signature

Position/Title

Department

City *State* *Zip Code*

Work phone

Date