

BALDWIN-WALLACE COLLEGE

Master of Arts in Education and Teacher Licensure Programs

Recommendation Form



To the Applicant:

This recommendation form can be given to an individual you have asked to provide either a professional or personal recommendation for you. You may select a principal, supervisor, co-worker, college professor, or someone who is familiar with your goals and abilities. It should not be completed by any member of your immediate family. The completed recommendation form should be mailed to the Office of Admission, Baldwin-Wallace College, 275 Eastland Road, Berea, OH 44017-2088. Your application may not be fully considered until all recommendations are submitted, so encourage the individuals you select to complete and return the form promptly.

Applicant's Name _____

Address _____
Street City State Zip

- Applying for admission to the following program:**
- Master of Arts in Education**
Licensed teacher pursuing graduate coursework
 - License+Master's Program**
Pursuing initial teaching license and master's degree
 - Licensure Only Program**
Pursuing initial teaching license, post-baccalaureate

Please designate which of the two options you prefer:

- I hereby waive the right to view this recommendation and understand that it will be held in confidence.
- I wish to retain my right to view this recommendation.

Signature _____ Date _____

To the Individual Completing This Evaluation:

The person named above has applied for admission to Baldwin-Wallace College for teacher licensure and/or graduate study in education. In consideration of each applicant, emphasis is placed on comments from references concerning an applicant's academic preparation and potential for a successful career in teaching. Please complete this form, using additional paper if desired. We are particularly interested in your perceptions of character and integrity, commitment to leadership in the field of education, motivation and potential for personal and professional growth. The application for admission may not be fully considered until all recommendations are submitted, so please complete and return the form promptly to the address below.

1. How long have you known the applicant? _____

2. In what capacity have you known the applicant? Please be specific. _____

3. Is the applicant's scholastic record an accurate reflection of his/her academic ability? Yes No Don't Know

If not, please explain briefly. _____

4. What are the applicant's most outstanding abilities or characteristics? _____

5. What are the applicant's chief liabilities and weaknesses? _____

6. What has been the applicant's experience and success in working with young people in a teaching or mentoring role? _____

7. How would you evaluate the applicant in the following areas?

	<i>Below Average</i>	<i>Average</i>	<i>Above Average</i>	<i>Excellent</i>	<i>Unknown</i>
ABILITY TO INITIATE PROJECTS AND MEET DEADLINES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO WORK WELL WITH CHILDREN/YOUNG ADULTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION SKILLS (VERBAL/WRITTEN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLEXIBILITY (RECEPTIVITY TO NEW IDEAS, INNOVATIVENESS, ADAPTABILITY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF REFLECTION (EFFECTIVE RESPONSE TO CONSTRUCTIVE CRITICISM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SENSITIVITY TO COMMUNITY AND CULTURAL NORMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHARACTER & INTEGRITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POTENTIAL FOR GROWTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. The Admission Committee is interested in any additional information you can provide about the applicant.

9. Please check to indicate your overall evaluation for this applicant to pursue a career in teaching and/or graduate study in education:

- Strongly recommend
- Recommend
- Recommend with reservation
- Do not recommend

Your Name (please print) _____

Relationship to the applicant _____

Profession or Occupation _____

Phone _____

Address _____
Street City State Zip

Signature _____ Date _____

Please return this form to the B-W Admission Office, 275 Eastland Road, Berea, OH 44017-2088