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 University, 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:  
☐ Licensed teacher pursuing graduate coursework
☐ Pursuing initial teaching license and master’s degree
☐ Pursuing initial teaching license through undergraduate coursework

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 University 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?

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<thead>
<tr>
<th>Area</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Excellent</th>
<th>Unknown</th>
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<tbody>
<tr>
<td>ABILITY TO INITIATE PROJECTS AND MEET DEADLINES</td>
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<td>ABILITY TO WORK WELL WITH CHILDREN/YOUNG ADULTS</td>
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<td>COMMUNICATION SKILLS (VERBAL/WRITTEN)</td>
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<td>FLEXIBILITY (RECEPTIVITY TO NEW IDEAS, INNOVATIVENESS, ADAPTABILITY)</td>
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<td>SELF REFLECTION (EFFECTIVE RESPONSE TO CONSTRUCTIVE CRITICISM)</td>
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<td>SENSITIVITY TO COMMUNITY AND CULTURAL NORMS</td>
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<td>CHARACTER &amp; INTEGRITY</td>
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<td>LEADERSHIP ABILITY</td>
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<td>POTENTIAL FOR GROWTH</td>
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8. The Admission Committee is interested in any additional information you can provide about the applicant.

____________________________________________________________________________________________________________________
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____________________________________________________________________________________________________________________

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 BW Admission Office, 275 Eastland Road, Berea, OH 44017-2088