

MASTER OF EDUCATION WITH LICENSURE (M.ED.)



LETTER OF RECOMMENDATION

Please give this form to the individual from whom you have requested a recommendation. Two (2) recommendations are required for admission. Recommendation forms must be completed by individuals who are familiar with your professional or academic ability, outside of family members and friends, that can speak to your personal character, professional experience, and potential as an educator.

COMPLETE FORMS SHOULD BE SENT TO:

Email: supportingdocs@stfrancis.edu • Mail: 500 Wilcox Street, Joliet, IL 60435 • Fax: 815-740-3431

THIS PART OF THE FORM TO BE FILLED OUT BY APPLICANT

Name: _____

Address/City/State/Zip: _____

Telephone: home _____ work _____

cell _____ fax _____

Email: personal _____ work _____

- Major:
- | | |
|--|---|
| <input type="checkbox"/> Elementary Education (1-6) | <input type="checkbox"/> Secondary Education (9-12) |
| <input type="checkbox"/> Middle Grades Education (5-8) | <input type="checkbox"/> English/Language Arts |
| <input type="checkbox"/> General Science | <input type="checkbox"/> Mathematics |
| <input type="checkbox"/> Language Arts | <input type="checkbox"/> Science: Biology |
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> Social Science: History |
| <input type="checkbox"/> Social Science | <input type="checkbox"/> Special Education (PreK-21) |
| | <input type="checkbox"/> Visual Arts Education (K-12) |

I hereby waive whatever rights of access I may have to this confidential recommendation as provided in the Family Educational Rights and Privacy Act. (check one): Yes No

Signature _____ Date _____

THIS PART OF THE FORM TO BE FILLED OUT BY PERSON WRITING RECOMMENDATION

Name _____

Title and place of employment _____

Address/City/State/Zip _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

How serious do you consider the applicant's career goals to be? _____

What do you consider the applicant's most outstanding talents or characteristics? _____

What characteristics of the applicant do you feel are in need of improvement? _____

Discuss the applicant's potential for working with children and adolescents. _____

The College of Education would appreciate any additional statements you may wish to make concerning the applicant's capacity for graduate work and potential for becoming a responsible and successful leader in the teaching field.

PROFESSIONAL QUALITIES	TOP 5%	TOP 25%	TOP 50%	BELOW 50%	UNCERTAIN
Potential for graduate study					
Leadership potential					
Ability to work independently					
Ability to work with others					
Ability to analyze problems and formulate solutions					
Communication skills: Oral					
Communication skills: Written					
Attitude					
Motivation					
Initiative					
Maturity					
Emotional stability					
Commitment to service					
Teaching potential					

Please indicate your opinion about the following statement: "The applicant has the potential to become an effective teacher."

____ Strongly agree ____ Agree ____ Disagree ____ Strongly Disagree

Signature _____ Date _____

