

PROFESSIONAL RECOMMENDATION
FOR
ADMISSION TO WHITWORTH UNIVERSITY
GRADUATE STUDIES IN EDUCATION

PART I: To be completed by the applicant.

Applicant _____
Please type/print name

Home Ph# _____ Wk# _____

Address _____

Other Ph# _____ Wk Fax# _____

City _____ State _____ Zip _____

E-mail _____

1. Please indicate proposed area of Graduate Study

Master of Education:

- _____ Administration – School
- _____ Administrative Leadership
- _____ School Counseling
- _____ Community Agency
- _____ Elementary Education
- _____ Secondary Education

Master of Arts:

- _____ School Counseling
- _____ Community Agency Counseling

Master of Arts in Teaching:

- _____ Gifted & Talented
- _____ Special Education

Certification/Endorsement:

- _____ Residency ESA Cert., School Cslg.
- _____ Continuing ESA Certificate, School Cslg.
- _____ Professional Teacher Certificate
- _____ Residency Administrator Certificate
- _____ Professional Administrator Certificate
- _____ Special Education Endorsement
- _____ ELL (on line)

With the Family Educational Rights and Privacy Act of 1974, you have the choice of collecting open recommendations or of waiving your right of access and collecting confidential recommendations. Consider the following when deciding whether to have open or confidential recommendations:

- (1) An open file will allow you to know exactly what has been said in your recommendations.
- (2) Some experts believe writers are more forthright if they know their statements are kept confidential.

I waive my right to see this recommendation.

I do not waive my right to see this recommendation.

Signature of the Applicant Date

Signature of the Applicant Date

2. The information below will be completed by: _____
Please type/print name of respondent completing recommendation

Respondent's title: _____

Respondent's place of employment: _____ Phone #: _____

Address: _____
Street City State Zip

PART II: To be completed by the respondent.

1. In what capacity have you known the applicant? _____

Length of time you have known the applicant: _____

2. In your opinion, is this applicant:

a. Likely to complete the program in a reasonable time? Yes _____ No _____ Unsure _____

b. Free from limiting factors which would seriously affect the individual's performance as a professional in area listed? Yes _____ No _____ Unsure _____

If "No" or "Unsure," your comments: _____

3. Please describe the applicant as you perceive him/her by circling the appropriate number for each dimension. A "3" is an average rating.

	<u>Weak</u>		<u>Average</u>		<u>Strong</u>	<u>No Opportunity to Observe (N/A)</u>
<u>Scholar</u>						
a. Ability to do graduate level academic work.	1	2	3	4	5	_____
b. Reflects on own practice.	1	2	3	4	5	_____
c. Uses research and inquiry to solve problems.	1	2	3	4	5	_____
<u>Community Member</u>						
d. Relate professionally to others.	1	2	3	4	5	_____
e. Accept, grow from evaluations/advice.	1	2	3	4	5	_____
f. Contributes collaboratively in learning community.	1	2	3	4	5	_____
<u>Effective Practitioner</u>						
g. Ability to prioritize.	1	2	3	4	5	_____
h. Demonstrates proficiency in practice.	1	2	3	4	5	_____
i. Uses technology appropriate for role.	1	2	3	4	5	_____
<u>Visionary Leader</u>						
j. Demonstrates emotional maturity/stability.	1	2	3	4	5	_____
k. Commitment to high ethical standards.	1	2	3	4	5	_____
l. Possesses leadership qualities.	1	2	3	4	5	_____
<u>Guardian</u>						
m. Advocates for those whom he/she serves.	1	2	3	4	5	_____
n. Assists, encourages and supports those in his/her care.	1	2	3	4	5	_____
o. Accepts people of diversity.	1	2	3	4	5	_____
<u>Professional Skills</u>						
p. Oral communication	1	2	3	4	5	_____
q. Written communication	1	2	3	4	5	_____

4. Please comment about this person's strengths and weaknesses relative to graduate study.

5. Do you recommend this person for admission to the professional program of studies indicated?

- _____ Yes, without reservation
 _____ Yes, with reservation (I would appreciate an opportunity to discuss by telephone.)
 _____ No

6. Signature of respondent: _____

Thank you very much for completing this professional recommendation.

DO NOT RETURN THIS FORM TO THE STUDENT.

Return this form, marked, "Confidential", to:

**Cheryl Rich, Program Coordinator
 Whitworth University, Dixon Hall, 3rd Floor
 Grad Studies in Education Dept.
 300 W. Hawthorne Rd.
 Spokane WA 99251
 (509) 777-4360**