

**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
- \_\_\_\_\_ Clinical Mental Health Counseling
- \_\_\_\_\_ Elementary Education
- \_\_\_\_\_ Secondary Education

**Master of Arts:**

- \_\_\_\_\_ School Counseling
- \_\_\_\_\_ Clinical Mental Health 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, 3<sup>rd</sup> Floor  
 Grad Studies in Education Dept.  
 300 W. Hawthorne Rd.  
 Spokane WA 99251  
 (509) 777-4360**