

Applicant

Please complete the upper portion, i.e., Name, ID and email address, on the Recommendation Form and forward one recommendation form to two reviewers who are acquainted with your work.

Student Name _____

ID Number _____ Email Address _____

Family Education Rights and Privacy Act of 1974

The purpose of this recommendation is to assist in making the admissions decision. Under the provisions of this act you have the right to see your recommendations. The act further provides that you may waive your right to see the recommendations filed for admission. Please indicate your choice and sign your name whether or not you wish to waive this right.

I waive I do not waive my right of access that I may have to this recommendation form

Student Signature _____ Date _____

If the student is not 18 years of age, a legal guardian must also sign this form.

Legal Guardian Signature _____ Date _____

Recommender

The applicant whose name appears above has applied for admission to the College of Education, Teacher Education Program. Please fill out the checkboxes on the **Recommendation Form**. When complete, return it in a sealed envelope with your signature across the seal to:

Andrea Chavez
875 Perimeter Dr.
P.O. Box 443080
College of Education
University of Idaho
Moscow, ID 83844-3080

Please ensure that you print your name, indicate your academic affiliation, and sign the completed recommendation form.

Thank you for your assistance with this process.

(This waiver must accompany the Recommendation Form - continued on the next page)

Student Name _____

Evaluation

Criteria	No basis for judgment	Weak	Fair	Good	Strong
Intellectual Potential					
Motivation					
Leadership					
Ability to work with others					
Written Communication					
Oral Communication					
Ability to Analyze/ Problem Solve					
Creativity and Imagination					
Overall Promise as an Educator					

NOTE: You may attach additional pages of text if necessary.

Other Comments

Recommender's Name _____ Affiliation _____

Signature _____