

**SOUTHERN OREGON UNIVERSITY DEPARTMENT OF EDUCATION**

**Letter of Recommendation**

**To the Applicant:** The Federal Family Educational Rights and Privacy Act of 1974 and its amendments guarantee enrolled students the right to see their letters of recommendation unless they explicitly waive that right. Indicate below what your wishes are in this regard:

- I do not waive my rights to inspect the contents of this recommendation.
- I do waive my rights to inspect the contents of this recommendation.

\_\_\_\_\_  
 Print full name Address (street, city, state, zip)

\_\_\_\_\_  
 Signature Date

**To the Referrer:** This is a letter of recommendation regarding a candidate's teaching potential for admission to a Graduate Teacher Education Program. The above named person who is applying the Graduate Program in Education at Southern Oregon University, has given your name as a reference. Please assess the candidate's performance as a teacher and submit this completed form to the Education Department at SOU. THE ENTRANCE REQUIREMENTS TO THE GRADUATE EDUCATION PROGRAM AT SOU REQUIRE THAT THE CANDIDATE PROVIDE US WITH TWO LETTERS OF RECOMMENDATION WRITTEN BY PERSONS EMPLOYED BY SCHOOLS OR SOCIAL AGENCIES (PUBLIC OR PRIVATE) WHO HAVE SUPERVISED HIM/HER WORKING WITH SCHOOL-AGED CHILDREN.

**PLEASE DESCRIBE THE SITUATION IN WHICH YOU WERE ABLE TO SUPERVISE OR OBSERVE THE CANDIDATE'S WORK WITH CHILDREN:** \_\_\_\_\_

	Unusually High	Above Average	Average	Below Average	Unusually Low	No Basis for Judgement
Demonstration of Content Knowledge						
Breadth of Knowledge						
Enthusiasm for Teaching						
Sense of Responsibility						
Expressive Ability: Oral						
Expressive Ability: Written						
Flexibility						
Initiative						
Ability to Work with Youth						
Ability to Work with Other Adults						
Emotional Maturity						

**DO YOU RECOMMEND THIS PERSON FOR ADMISSION TO A GRADUATE TEACHER EDUCATION PROGRAM?**

YES \_\_\_ NO \_\_\_

Please use the back side for any additional comments about the applicant.

Name \_\_\_\_\_ Date \_\_\_\_\_

Position/School \_\_\_\_\_

School Address \_\_\_\_\_

Signature \_\_\_\_\_