## MASTER OF EDUCATION GENEVA COLLEGE RECOMMENDATION FORM

TO BE COMPLETED BY APPLICANT:							
NAME OF APPLICANT							
The <u>Family Rights and Privacy Act of 1974</u> opens many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing the right to review this reference. Those writing letters of recommendation and those accessing recommendations may attach more significance to them if it is known that the recommendations will remain confidential. It is your option to waive your right to access these recommendations or decline to do so. Please indicate your choice and sign your name.							
I waive my right to review this reference.							
I do not waive my right to review this reference.							
SIGNATUREDATE							

## TO BE COMPLETED BY THE EVALUATOR:

Please rate the applicant using as a standard all students you have known at this stage.

	Upper 10%	Upper 25% but Not Upper 10%	Upper Half, but Not Upper 25%	Lower Half	No Basis for Judgment	Make a Brief Evaluation Comment
1. Academic Performance						
2. Intellectual Ability						
3. Speaking Skills						
4. Writing Skills						
5. Imagination/Creativity						
6. Initiative/Resourcefulness						
7. Responsibility						
8. Emotional Maturity						
9. Empathy for others						
10. Judgment						
11. Integrity/Ethical Behavior						
12. Open Mindedness						
13. Ability to handle criticism						
14. Clarity of Professional Goals						
15. Interpersonal Skills						
16. Respect for others from diverse backgrounds						
17. Openness to Self -Examination						

How long have you known the applicant?				
In what capacity/relationship?	Teacher	Superv	isor	Academic Advisor
	_ Other (Please explain	)		
How wall do you know the applicant?	Vor. Wall	Wall	Convoller	Not Vorry Wall
How well do you know the applicant?	very well	weii	Casually	Not very well
Please check one, indicating your overall reco has applied:	ommendation with respe	ct to the Master of Educ	ation Program to wh	nich the applicant
Strongly Recommend	Recommend	Recommend with	Reservation	Do Not Recommend
Please elaborate on any reservations you might as a teacher.			-	
Name (print)		Signature		
Position			Date	
Address				
Telephone				

Mail this form directly to: