

Recommendation Letter

Mail to: *Student Teaching Office*  
*Southern Connecticut State University*  
*501 Crescent Street – Davis Rm. 103*  
*New Haven, CT 06515*

Applicant: \_\_\_\_\_

Certification Area: \_\_\_\_\_

*“I hereby waive my right of access under “The Family Education Rights and Privacy Act of 1974” to specific and composite letters of recommendation.”(Please have student sign this before completing.)*

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

To be completed by the  
 Recommender

The admissions procedure of the School of Education requires the applicant to obtain individual recommendations (and other documents). After completing this form, please place it in the envelope provided, seal the envelope and mail it to the above address. Thank you for your cooperation.

*How long and in what capacity have you known the applicant?*

\_\_\_\_\_  
 \_\_\_\_\_

Please rate the applicant relative to other students or employees whom you have known in a similar capacity.

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	NO INFO
Intellectual potential						
Ability to work with others						
Creativity and imagination						
Maturity						
Self-confidence						
Communication skills: oral						
Communication skills: written						
Ability to analyze a problem and formulate a solution						
Motivation for proposed program of study						

*Please comment on the above topics and other areas which indicate the suitability of the candidate for admission to certification as a teacher or specialist in the chosen area. Please continue on the back , if necessary.*

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
 (Typed or printed)

Date: \_\_\_\_\_

\_\_\_\_\_  
 Position or Title

\_\_\_\_\_  
 School or Company