



School of Education
Master of Science in Education (M.S.Ed.)
MAJOR IN SPECIAL EDUCATION

Recommendation

Applicant's Name _____

This applicant is seeking admission to the master's degree program in special education. Your time and effort in completing this recommendation form are appreciated. If you have questions or concerns, you may contact the graduate secretary at 260-481-6450.

Your Name _____

Title/Relationship with Applicant _____

Your Address _____

1. How long have you known the applicant? _____

2. How well do you know the applicant? ____ very well ____ fairly well ____ not very well

3. Please rate the applicant in each of the following areas with a check in the appropriate box.

Table with 5 columns: Description, Very poor description of applicant, Poor description of applicant, Good description of applicant, Very good description of applicant. Rows include: Open to new ideas, Committed to achieving a graduate degree, Has clear career goals, Relates well with a variety of people, Self-Motivated, Presents self in genuine manner, OVERALL RECOMMENDATION (Potential as an educator).

4. Comments: _____

(use space on back or attach a separate letter if necessary)

Signature _____ Date _____

The Family Educational Rights and Privacy Act of 1974 opens many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing his right to inspect letters of recommendation. The applicant's signature below constitutes a waiver; no signature means the student will have the right to read this reference.

Signature of Applicant _____

Please send to address below.