



RECOMMENDATION FORM

Secondary Teacher Certification Program

Box 358531, 18115 Campus Way NE Bothell, WA 98011-8246 425.352.5274

This section to be completed by the recommender. Please print or type.

Name of candidate: _____

Name and title of recommender: _____

Relation of recommender to applicant _____ from _____ to _____

This section to be completed by the recommender. Please print or type.

The applicant is seeking admission to the University of Washington Bothell Secondary Teacher Certification Program. To assess the appropriateness of this choice for the individual, we would appreciate your candid opinion regarding the qualifications listed below. If there is any item for which you have little or no evidence, please indicate this. Also, if you wish to supplement the recommendation with additional comments, attach an extra page. However, please complete this form. Thank you.

1. Please indicate your evaluation of the candidate, checking the appropriate rating.

	Outstanding	Above Average	Average	Below Average	No Chance to Observe
Academic achievement					
Academic breadth					
Commitment to teaching					
Commitment to youth (13-18 years old)					
Commitment to diversity					
Leadership qualities					
Interpersonal skills					
Integrity					
Organization and planning					
Written communication					
Oral communication					
Flexibility					

2. What are the candidate's strengths as you see them?

3. What are the candidate's weaknesses as you see them?

4. Check one:

- I strongly recommend the applicant for admission to the University of Washington Bothell Secondary Teacher Certification Program.
- I recommend the applicant for admission.
- I recommend the applicant for admission with some reservation.
- I do not recommend the applicant for admission.

Signature _____ Date _____

Institution _____

Title _____ Phone _____

Address _____

City _____ State _____ Zip _____