

Master of Arts in Teaching Recommendation Form

Applicant, please print or type the following information:

Name of Applicant _____ Date of Birth _____

Name of Evaluator _____ Position/Institution _____

To the Evaluator:

Please select which reference you are giving: Academic/Professional Experience with Children/Youth

Directions: Complete the following prompts and, along with your letter of recommendation, return the completed documents one of the following ways: 1) email as a saved .pdf to gradschl@up.edu, 2) mail a printed document to the address above, or 3) upload your document via SENDedu. If your response does not fit in the space provided or you would like to submit a separate letter on letterhead, please include the applicant's first and last name as well their email in the body of your submission email or if mailing your recommendation, print and include this form. All recommendation letters must be signed and submitted by the recommender to be considered valid.

Based on your direct observation of the applicant (as an academic instructor/professional supervisor or in relation to the applicant's experience with children/youth), please evaluate the applicant's preparation, intelligence, originality, research skills, and other pertinent qualities.

Summary Rating: Excellent Above Average Average Below Average Poor

Name of Evaluator* _____ Date _____

* If you are submitting this form electronically, printed name serves as your signature.