



University of Portland - PACE
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Recommendation Form: Experience with Children

Applicant, please print or type the following information:

Applicant Name _____ Applicant Email _____

Name of Evaluator _____ Evaluator's Email Address _____

Evaluator Position/Institution _____

I waive my right to review or access letters and statements of recommendation written on my behalf. Yes No

Signature _____

To the Evaluator:

Directions: Complete the following prompt and return the completed document via email as a saved .pdf to pace@up.edu . Please send/upload a separate letter if you need more room to provide your recommendation. All recommendations must be signed and submitted by the recommender to be considered valid.

Please give your evaluation of the candidate's promise for the teaching profession. Based on your professional supervision or direct observation of the candidate's experience with children or youth, please give your evaluation of the candidate's promise for future success as a classroom teacher.

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.*

In its educational policies, programs, and procedures, the University provides equal opportunity for all its students without regard to race, color, religion, sex, age, disability, or national or ethnic origin.