



COUNCIL ON TEACHER EDUCATION

Secondary Teacher Education Letter of Recommendation Form

Name of Applicant: _____ University ID #: _____

Name of Referent: _____ Title: _____

Name of Agency: _____

Address: _____

Phone: _____

Under the provision of the Family Educational Rights and Privacy Act of 1974, you will have access to the information provided in letters of recommendation unless you have waived such access. Please sign and date below to inform us of your decision. Your choice will not affect your eligibility for admission.

I hereby waive my rights of access to the letter of recommendation prepared in response to this request.

OR

I do not waive my rights of access to the letter of recommendation prepared in response to this request.

Signature of Applicant _____ Date

Signature of Applicant _____ Date

This section to be completed by referent

Please answer the following questions and complete the rating sheet.

How long and in what capacity have you known this applicant?

The secondary teacher education program at UIC wants candidates who have strong potential for becoming effective teachers and who have begun to demonstrate the understandings, abilities, and competencies to do so. Using the rating scale below, please evaluate the applicant in comparison with other individuals whom you have known at a similar stage in their careers.

Attributes	Below Average	Average	Above Average	Outstanding	Not Observed
Punctuality					
Reliability					
Initiative					
Academic Ability					
Ability to organize					
Ability to communicate					

Please elaborate more specifically on one or more of the attributes rated above. You may also describe any other factors you believe may affect the candidate’s potential success as a teacher. Use the space below to write your comments and attach additional pages if necessary.

Signature Date

Printed Name of Referent

Referent: Please email a PDF version of this completed form to the Council on Teacher Education at uic_cte@uic.edu.

