Master of Science - Special Education Teaching

PITTSBURG STATE UNIVERSITY COLLEGE OF EDUCATION GRADUATE STUDY RECOMMENDATION FORM

Applicant's Name					PSU ID#	<u> </u>	
••	Last	First	N	Iiddle			
Recommender's Name	2						
	Last	First		Mid	dle		
Please choose whethe	omplete the information or or not you wish to wa unless you have check	nive your right of acc	ess to this				
I waive my rig	ghts to see this form an	d any supplementary	y comment	s or letter	, if writte	n.	
I do <u>not</u> waive	my rights to see this f	orm and any suppler	mentary co	mments o	r letter, if	written.	
Signature Date							
	ove is applying for adm sity. Please complete the						
1. a. How long have you known the applicant		licant? Le	Less than one year			Years	
b. How do you	know the applicant?						
2. Please rate the ap	plicant on the traits sho	own below using the	following	rating sca	ıle:		
	 1 - Candidate is above 2 - Candidate consister 3 - Candidate inconsis 4 - Candidate does not 	ntly displays the displently displays the d	osition.	osition.		Not Able to Judge	
Academic Ability for	Graduate Work	1	2	3	4		
Communication Skill	s	1	2	3	4		
Success in Forming P	rofessional Relationsh	ips 1	2	3	4		
Motivation and Diligo	ence	1	2	3	4		
Openness to Self-Exa Personal and Professi	mination as it relates to onal Development	0 1	2	3	4		
Potential as a Practiti	oner	1	2	3	4		

3. If you alone were making the decision for admission, which of the following would it be?
Accept - The applicant should complete the master's degree and be a successful practitioner.
Accept, but with reservation - Please explain including comments concerning ability,
motivation, or personal characteristics to be successful as a student and/or practitioner.
Do not accept - Please explain.
4. Please provide a few comments giving your evaluation of the applicant's suitability for study with special reference to initiative, intelligence, and ability to complete tasks on time. A statement about the applicant's emotional stability, maturity, and ability to collaborate with colleagues and supervisors would be particularly important for individuals applying to our practitioner programs.
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Name (Print or Type)
Title/Position
Signature
Address
Telephone

Please complete and return this form promptly via email to: teachered@pittstate.edu