COLLEGE OF EDUCATION RECOMMENDATION FORM

To be completed by candidate (Please print):

Name _____ **NEIU ID#**_____

Major _____ **MINOR/PROFESSIONAL SEQUENCE** _____

As part of my application for admission to the College of Education, I am requesting that this form be completed by my instructor for _____. I voluntarily waive my right to access this recommendation under Public Law 93-380 so that it may be kept confidential. I know that I must meet all other criteria for admission in the manner set forth in the current catalog.

_____	_____	_____	_____
Candidate's Signature	Print Name	NEIU ID#	Date

To be completed by faculty member: Using the accompanying rating scale, indicate your assessment of the applicant's qualifications related to each criterion. **Please use the back of this form to elaborate on any item (s) designated unacceptable.**

Candidate demonstrates:	**Exemplary**	**Acceptable**	**Unacceptable**	**Does Not Apply**
1. Knowledge of pedagogy (HRD: androgogy)				
2. Knowledge of content area				
3. Literacy skills that are conducive to the profession				
4. Reliability				
5. Academic honesty and integrity				
6. Adaptability and flexibility				
7. Poise and self-confidence				
8. Sensitivity to feelings and needs of diverse learners and colleagues				
9. Potential ability and enthusiasm for the profession				
10. Ability to effectively work in a professional setting				
11. Desire to seek out opportunities to develop and demonstrate professional knowledge				
12. A valuing of human diversity and respect for varied talents/perspectives				
13. A developing personal professional philosophy				
14. A valuing and promotion of lifelong learning for self and others				
15. A valuing of and effective interaction in learning communities				
16. A valuing of and engagement in critical reflective thinking				
17. A valuing of and engagement in linking theory and practice				

Additional comments:

Recommendation for admission to the College of Education: □ Yes □ No

_____	_____	_____
Faculty Name / Department	Faculty Signature	Date

Faculty member: Please place this recommendation in a sealed envelope with your signature written on the seal and return it directly to the student. This recommendation must be submitted to the College of Education by the student along with the student's application and other required documents. Thank you.

Revised 01/11