

RECOMMENDATION 1 FORM For Admission into Teacher Preparation Programs

I understand that this completed recommendation will be used only for admission purposes, and I hereby waive my right to access this recommendation.

Applicant's Name _____

Applicant's Address _____

Date _____ Phone Number _____

Email _____

Applicant's Signature _____

This form must be completed by a Norfolk State University professor outside of the Education Department.

	Not Satisfactory	Below Average	Average	Above Average	Excellent	Not Observable
Knowledge and Skills						
Retention of Information						
Ability to apply, generalize, extend information						
Creativity and originality						
Leadership Abilities						
Initiative						
Understands needs of others						
Problem solving skills						
Reflective decision making						
Makes informed decisions						
Moral qualities, use of ethical standards						
Collaboration						
Works well in group settings						
Seeks advice/assistance from others						

TO THE EVALUATOR: Please attach to this form any additional comments that you wish to make about this candidate.

PART II of Recommendation

The applicant is:

- | | |
|--|--|
| <input type="checkbox"/> Recommended highly for admission. | <input type="checkbox"/> Recommended with reservations.
(Please explain below.) |
| <input type="checkbox"/> Recommended. | <input type="checkbox"/> Not recommended.
(Please explain below.) |

My acquaintance with student is: Not Familiar Former Instructor

Explanation: _____

Signature

Name and Title

Department or Office

Phone Number

Email

RECOMMENDATION 2 FORM For Admission into Teacher Preparation Programs

I understand that this completed recommendation will be used only for admission purposes, and I hereby waive my right to access this recommendation.

Applicant's Name _____

Applicant's Address _____

Date _____ Phone Number _____

Email _____

Applicant's Signature _____

This form must be completed by a Norfolk State University professor outside of the Education Department.

	Not Satisfactory	Below Average	Average	Above Average	Excellent	Not Observable
Knowledge and Skills						
Retention of Information						
Ability to apply, generalize, extend information						
Creativity and originality						
Leadership Abilities						
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Problem solving skills						
Reflective decision making						
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Moral qualities, use of ethical standards						
Collaboration						
Works well in group settings						
Seeks advice/assistance from others						

TO THE EVALUATOR: Please attach to this form any additional comments that you wish to make about this candidate.

PART II of Recommendation

The applicant is:

- | | |
|--|--|
| <input type="checkbox"/> Recommended highly for admission. | <input type="checkbox"/> Recommended with reservations.
(Please explain below.) |
| <input type="checkbox"/> Recommended. | <input type="checkbox"/> Not recommended.
(Please explain below.) |

My acquaintance with student is: Not Familiar Former Instructor

Explanation: _____

Signature

Name and Title

Department or Office

Phone Number

Email