

Section I. Personal Information

To the Candidate: Fill out the top half of the form before you give it to your recommender. Be sure to indicate whether you choose to waive your rights to review the letter, and sign and date the form.

Ms. Mrs.
 Mr. Dr.

NAME: _____ Other NAMES: _____
Last First Middle

UofL Student ID: _____ Social Security Number: _____ Program: _____

What semester and year are you applying for admission? Fall Spring Summer 20 _____

Note: In accordance with the Family Educational Rights and Privacy Act of 1974, it is a student's right to inspect and review confidential letters and statements unless the student expressly waives that right.

I waive my right to review this letter of recommendation.

I do not waive my right to review this letter of recommendation.

Candidate's Signature

Date

Section II. To the Recommender

To the Recommender: This form has been given to you to address the candidate's ability to interact with children/adolescents. Please fill out the bottom portion of the cover page **and** include an additional letter (on letterhead, if possible) addressing such issues as how you know the candidate and for how long; the teaching qualities the candidate exhibits; the ability to relate to and work with children/adolescents, lead children/adolescents, organize activities toward children/adolescents, and work in group settings with children/adolescents. Regardless if the candidate has waived his/her right to view this recommendation, **please provide this recommendation form and the letter in a sealed and signed envelope to the candidate in order for him/her to include it with the admissions portfolio.**

Recommender's Printed Name

Relationship to the Candidate

- I recommend the candidate without reservation as an excellent prospect.
 I recommend the candidate with some reservations.
 I do not recommend the candidate for teacher education at this time.

Phone #

E-mail Address

Recommender's Signature

Date