## **Quincy University School of Education**

## Request for Reference Statement of Recommendation for a Candidate

Candidate Name (Print)		Date			
Application:	☐ Teacher Education Program	☐ Student Teaching			
Name of Recommending Individual:					

To the Recommending Individual:

- Please return this form to the student requesting the reference, or if you wish to not have the student review your statement, please send it directly to the School of Education office 1800 College Ave., Quincy, IL 62301, or fax 217-228-5418.
- Directions: This reference form will be used to provide the School of Education Admission and Retention Committee with pertinent information. Please place an X in the box that most accurately indicates the degree of competency of this applicant:

## **Behavior and Aptitude of Candidate**

4= Consistently 3= Usually 2= Sometimes 1= Seldom/Rarely NA= No opportunity to observe

Evaluation Criteria		3	2	1	N/A
1. Is self confident					
Exhibits appropriate interpersonal skills					
Demonstrates leadership abilities					
Is resourceful and creative					
5. Is responsible					
6. Works cooperatively with others in pursuit of a task/goal					
7. Demonstrates a caring, positive attitude					
8. Is goal oriented, produces quality work					
Demonstrates effective oral communication					
10. Demonstrates effective written communication					
11. Is dependable					
12. Goes beyond minimal expectations					
13. Is receptive to and implements feedback					
14. Maintains high ethical standards					
15. Demonstrates appropriate decision making skills					
16. Exhibits self-discipline					
17. Demonstrates tolerance and open mindedness					

Candidate Name:	Recommendation Pg. 2							
Application: ☐ Teacher Education Program ☐ Student	Teaching							
How long have you known this applicant?								
In what capacity?								
This candidate's greatest strength is:								
Overall metantial as a Condidate. Fuellant	d Foir Boon							
Overall potential as a Candidate:	od □ Fair □ Poor							
Would you be pleased to have this candidate teach/work with your child?   ¬ YES ¬ NO								
Any additional Comments and Recommendations:								
Reference Signature:	Date:							
Printed Name: Organi	zation/Position:							

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QU appreciates any and all support given to our candidates. Thank you for your time!