Applicant: Please give this form to a person who is familiar with your educational background and academic skills and who is willing to submit a recommendation on your behalf. You need to submit <u>three</u> letters of recommendation.

APPLICANT'S NAME (Please print) ____

Recommender: The person named above is applying for admission to graduate study in the UNI School Psychology Program and has identified you as a reference. On the table below please rate the applicant in comparison to others with approximately the same amount of experience and education. Additionally, we ask that you write a letter of recommendation addressing the following:

- Intellectual ability and critical thinking skills
- Oral and written communication skills
- Maturity, independence and ability to work with others
- Ability to work with children and youth
- Interest and motivation for pursuing a career in school psychology

Your candid responses will be greatly appreciated and will be carefully considered as a part of the candidate's application. Please be as specific as you can and whenever possible, cite specific instances or examples that illustrate or expand your answers. A careful discussion of strengths and weaknesses is more helpful to the applicant than routine praise.

	Below	Average	Very	Excellent	Not Able
	Average		Good		to Judge
Organizational skills					
Critical thinking skills					
Interpersonal skills					
Verbal communication skills					
Written communication skills					
Listening skills					
Motivation to succeed					
Emotional stability and maturity					
Independence and initiative					
Responsibility					
Adaptability and flexibility					
Ability to work with multicultural groups					
Ethics/Integrity					
Independent research skills					

Please attach your letter of recommendation to this sheet and **mail both** directly to the following address prior to the **February 1** deadline:

School Psychology Program Coordinator Schindler Education Center 617 Department of Educational Psychology and Foundations University of Northern Iowa Cedar Falls, IA 50614-0607

Recommender's Signature	Date
Name	Title
Institution	Email
Address	Phone