PROFESSIONAL RECOMMENDATION



| TO THE APPLICANT: | | | | | | | |
|---|---|---|------------------|------------------|---------------|----------------------|-------------------------|
| LAST NAME OF APPLICANT please print clearly | | FIRST NAME | | MIDDLE II | NITIAL | MAIDE | N |
| ADDRESS | CITY | STATE | | ZIP/POST. | AL CODE | COUN | ITRY |
| PHONE | | EMAIL | | | | | |
| Please sign below if you wish this recommendation. | n to waive your r | right under the Fam | nily Educ | ational Right | and Privacy A | Act of 197 | 4 to access |
| □ I do □ I do not waive | my right to read | l this confidential re | ecommer | ndation. | | | |
| _ APPLICANT SIGNATURE | | DATE | | | | | |
| Nyack has selective admissions pletely predict the applicant's pand candid report; we appreci | personal and prol tate your willingn | fessional promise. ness to complete th | We valuis form. | e your comm | ents and ask | that you p | rovide a full |
| How long have you known the | applicant? | | _ How \ | well do you k | now the app | licant? | |
| In what capacity? | | | | | | | |
| Some talented individuals have index of his or her scholastic ab | | | e applica Don | | record, as y | ou know it | , an accurate |
| Letter of reference. It would greatly or personality assets and/or liab | | | | | | | |
| Relative Ratings of the Applicant: In restate below (college seniors, first v | | | | | keep in mind | the compari s | son group you |
| Comparison Group | | | | | | | |
| Academic Ability and Educational Kn | owledge | Ex | kcellent | Above Average | Average | Poor | No Chance to Observe |
| Written Expression | | | | | | | |
| Verbal Expression | | | | | | | |
| Growth Potential | | | | | | | |
| Content Knowledge | | | | | | | |
| Knowledge of Educational Theo | prists | | | | | | |

continued on back

| Teaching Ability and Educational Knowledge | | Excel | | Above werage | Averag | e Poor | No Chance to Observe | | |
|---|--|-------------------------------------|---------------|-------------------------------------|-----------------|---|-------------------------|--|--|
| Instructional Planning | | | | | | | | | |
| Instructional Strategy | | | | | | | | | |
| Interdisciplinary Connection | | | | | | | | | |
| Use of Technology | | | | | | | | | |
| Commitment to Standards | | | | | | | | | |
| Assessment | | | | | | | | | |
| Classroom Organization | | | | | | | | | |
| Classroom Management | | | | | | | | | |
| Envisions & Creates a Positive Learning E | | | | | | | | | |
| Professionalism | | | | | | | | | |
| Your evaluation of this candidate for admission For Academic Promise: ☐ Enthusiastically Recommended For Character and Personal Promise: ☐ Enthusiastically Recommended Overall Recommendation: ☐ Enthusiastically Recommended Please give any additional comments that wo | □ Strongly□ Strongly□ Strongly | Recommended Recommended Recommended | □ Re | ecommendo ecommendo ecommendo | ed [| □ Not Recomme □ Not Recomme □ Not Recomme | ended | | |
| Print Name: | | | Address: | | | | | | |
| Signature: | | | Date: | | | | | | |
| Job Title: | | | Organization: | | | | | | |
| Would you like to receive information a | bout Nyack? | If yes, please of | check wh | ich progra | ıms: | | | | |
| □ Undergrad □ Degree Completion 1 | ⊐ MBA □ M | S Organization | al Leadei | rship □ N | NS Educa | ation 🗆 Semina | ary 🗆 DMin | | |
| Return to: Graduate Admissions 1 South Boulevard, Nyack NY 10960 | Fax to: 845-35 | 58-3047 | Sca | n and email | to: admi | ssions.grad@ny | ack.edu | | |