CEP GRADUATE EVALUATION & RECOMMENDATION FORM

Applicant Information

Last Name H	First Name	Middle Initial					
You will need two copies of this form (one for each person writing a letter for you). Please complete the information above before giving the form to the individuals writing recommendation letters for you. Note: Evaluations should be completed by persons who are able to assess your performance in an academic or work setting. Read the statement below, and if you choose, sign where indicated.							
The Family Educational Rights and Privacy Act of 1974 entitle student records to be open for students' inspection. The law also permits a student to sign a waiver relinquishing his/her right to inspect letters of evaluation. The applicant's signature below constitutes a waiver signifying that the evaluation will remain CONFIDENTIAL, meaning the student will not have access to the evaluation. No signature means that the applicant will have the right to read this evaluation.							
I hereby waive my right of access to this recommendation under the Family Educational Rights and Privacy Act.							
Applicant's Signature		Date					
Evaluator Information The ECU College of Education and Psychology attach considerable weight to an evaluator's assessment of an applicant. Therefore, please provide your candid assessment of the applicant's preparation, motivation, and capacity for graduate study and potential for becoming successful in his/her chosen field. Please enclose this signature page and the recommendation form with your letter of recommendation. Thank you for your assistance.							
Evaluator's Name	Posit	ion/Title					
Evaluator's Employer	City/	State					
Evaluator's Preferred Contact Information	Prefe	erred Contact Time					
Evaluator's Signature	Date						
Knowledge of Applicant							
How long have you known the applicant? (mor	nths, years)						
How well do you know the applicant? (very, m	oderately, slightly)						
How do you know the applicant (instructor, em	ployer, supervisor)						

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Please rate the applicant compared to his/her peers on the following abilities, traits, and dispositions by checking the rating which corresponds with your knowledge and impressions of this individual.

	Outstanding /Excellent 5	Above Average 4	Average/ Good 3	Below Average 2	Not Acceptable 1	Not Observed
Character and Personality						
Maturity/Poise						
Dependability/Responsibility						
Ethical standards						
Leadership abilities						
Respect for individual diversity						
Mutual respect for peers						
Mutual respect for others						
Ability to work with others						
Persistence/Task completion						
Time management capabilities						
Realistic expectations of self						
Realistic expectations of others						
Initiative						
Self-Reliance						
Appropriate task efficacy						
Ability to work under pressure						
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Intellectual Capacity						
Retention of information						
Analytical ability			· <u></u>			
Application/Reasoning skills						
Ability to problem solve		·				
Aptitude for graduate work						
Written communication skills						
Oral communication skills						
Creativity						
•						
Laboratory - Technical Abilities						
Competency in area of proficiency						
Computer technology skills						
Library media skills						
Research skills						
Assessment/Testing skills						
C						
Overall evaluation of the applicant's ability for graduate work and potential success in chosen field						

Please include any concerns you may have about this applicant in your letter of recommendation. We appreciate your candor as well as your time in completing the evaluation form and recommendation letter – Thank you.