

Aspire Teacher Residency

100122nd Avenue, Suite 100

Oakland, CA 94606

(510) 434-5599

Email: atr@aspirepublicschools.org

Website: www.aspirepublicschools.org/join/atr/

Recommendation Form

To the applicant: Please complete all sections below and submit this form to the person providing a recommendation. It is your responsibility to ensure that recommendation forms are submitted to the ATR program prior to the application deadline.

Name of applicant (Please type or print) _____
Last (Family) First Middle

This must be completed.

Credentials Program(s):

Multiple Subject (K-8)

Single Subject (6-12): _____

Special Education

In accordance with the Family Educational Rights and Privacy Act of 1974 (commonly known as the "Buckley Amendment"), letters of recommendation used in support of an application for admission will be destroyed prior to registration at the University.

To the recommender: Please complete sections below and on reverse side. After completing this form, please place it in an envelope, seal the envelope and sign it across the seal. Please return it to the applicant who will forward it to the Aspire Teacher Residency Program, unopened, with other application materials.

Your cooperation is greatly appreciated in providing an evaluation of the applicant's potential as a graduate student.

1. In what capacity have you known the applicant? (Check all that apply)

as their employer

as a student in laboratory class

as their supervisor

as a student engaged in research or independent study under my direction

as reported by junior staff members

as their advisor

as a student in a large lecture course

other (please explain) _____

2. How long have you known the applicant? _____

3. For what level of graduate study do you recommend the applicant? (Please check all that apply)

a program leading to a credential

a program leading to a master's degree

Name of applicant (Please type or print) _____

Last (Family)

First

Middle

4. Applicant's area(s) of greatest strengths (please list 1-3 areas) _____

5. Applicant's area(s) needing improvement (please list 1-3 areas) _____

6. Please summarize your evaluation by checking your estimate on the following items. ("Exceptional" should indicate that the applicant is comparable to the most-qualified students that you have known. "Good" should indicate a positive recommendation with no reservation.)

General Qualifications	No basis for judgment	Poor	Doubtful	Fair	Good	Exceptional
Written communication skills						
Oral communication skills						
Poise and clarity of expression						
Analytical skills						
Emotional Maturity						
Intellectual Ability						
Ethics						
Concern for others						
Warmth of Personality						
Leadership Ability						
Self-discipline						
Proficiency / experience working with groups						
Reliability						
Cooperation with others						
Motivation/Perseverance						

7. What is your overall ranking of this applicant as compared with other students you have known at his or her educational level?
 Upper 5% Upper 10% Upper 25% Upper 50% Lower 50%

8. Please comment on the above ratings and make any additional statements concerning the candidate's qualifications for graduate study in light of your observations. *Attach an additional sheet if needed.*

Please DO NOT attach business cards.

Print Name _____ Signature _____

Institution _____ Position _____

Mailing Address _____

Phone _____ E-mail address _____ Date _____

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