

Council on Teacher Education (MC 147)  
1040 West Harrison Street, ETMSW 3015  
Chicago, Illinois 60607-7133

### Secondary Teacher Education Letter of Recommendation Form

Name of Applicant: \_\_\_\_\_ University ID #: \_\_\_\_\_  
Name of Referent: \_\_\_\_\_ Title: \_\_\_\_\_  
Name of Agency: \_\_\_\_\_  
Address of Agency: \_\_\_\_\_  
Phone of Agency: \_\_\_\_\_ Ext. \_\_\_\_\_

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Under the provision of the Family Educational Rights and Privacy Act of 1974, you will have access to the information provided in letters of recommendation unless you have waived such access. Please sign and date below to inform us of your decision. Your choice will not affect your eligibility for admission.

I hereby *wave* my rights of access to the letter of recommendation prepared in response to this request.

OR

I *do not wave* my rights of access to the letter of recommendation prepared in response to this request.

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Signature of applicant

Date

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Signature of applicant

Date

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**This section to be completed by referent (Please print legibly or type).**  
*Please answer the following questions and complete the rating sheet on the next page.*

How long and in what capacity have you known this applicant?

The secondary teacher education program at UIC wants candidates who have strong potential for becoming effective teachers and who have begun to demonstrate the understandings, abilities, and competencies to do so. Using the rating scale below, please evaluate the applicant in comparison with other individuals whom you have known at a similar stage in their careers.

Attributes	Below Average	Average	Above Average	Outstanding	Not Observed
Punctuality					
Reliability					
Initiative					
Academic Ability					
Ability to organize					
Ability to communicate					

Please elaborate more specifically on one or more of the attributes rated above. You may also describe any other factors you believe may affect the candidate's potential success as a teacher. Use the space below to write your comments and attach additional pages if necessary.

Date \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_  
Name of Referent (Please print legibly.)

**Referent: Please seal this recommendation in an envelope, sign your name across the sealed flap, and return it to the applicant. The applicant will be responsible for including this recommendation in the application materials.**