

UNIVERSITY OF ALASKA ANCHORAGE

College of Education



Department of Counseling & Special Education

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Special Education Program
INITIAL CERTIFICATION APPLICANT REFERENCE FORM

This applicant is applying for admission to our professional preparation program in Special Education. Please complete this non-confidential form and send it to our office at the above address as soon as possible to facilitate the processing of this applicant's request for admission. Thank you for your assistance.

Applicant (candidate) Information: (to be completed prior to giving to Evaluator)

Name: _____	Date: _____
Address: _____	
e-mail: _____	
Student ID #: _____	Dates of Employment: _____
Position Held: _____	Location: _____

Notice: Public law 93-380, the Family Education Rights and Privacy Act of 1974 grants all students the right to inspect and review all of their official educational records. This right extends to letters of recommendation written on or after January 1, 1975, except that a student may waive his/her right to inspect and review letters of recommendation by signing a waiver.

<p>WAIVER FORM: I, _____ the undersigned, hereby waive any right or <small style="margin-left: 100px;">candidate</small> privilege provided by Public Law 93-380 to inspect or challenge the content and comments expressed in this letter of recommendation. I expect that the observations made shall remain confidential between the writer and the person agency or organization to which any reference may be addressed.</p> <p style="text-align: right;">Date: _____ Signature _____</p>

Evaluator: Please complete both pages of the "Applicant Reference Form" addressing the applicant's potential to succeed in graduate school and their ability to work successfully with children with special needs. Please return it to the UAA College of Education at the above address.

Please rate the applicant based on your knowledge and/or observations.	No knowledge	Weak bottom 15%	Marginal bottom 15-40%	Average middle 40-75%	Above Average top 5-25%	Superior top 5%
Ability to work collaboratively with other staff						
Ability to work with parents						
Individual or classroom management skill						
Ability to work with children with disabilities						
Verbal communication using standard English						
Written communication using standard English						
Self-confidence and assertiveness						
Judgement and tact						
Initiative and motivation						
Ability to motivate others						
Presents self in a professional manner						
Attention to detail and organization						
Overall aptitude as a special education teacher						

Applicant: _____ Student ID #: _____

YES NO Have you directly observed this person interacting with children with disabilities? If you responded "Yes", please describe the situation, role, etc.

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

General Comments: (Use additional sheets if needed)

Evaluator Information:

Name: _____ <small>(print)</small>	<input type="checkbox"/> Supervisor <input type="checkbox"/> Peer <input type="checkbox"/> Other _____
Signature: _____	Date: _____
Work Phone: () _____	Cell Phone: () _____
Mailing Address: _____	
e-mail Address: _____	