

UNIVERSITY OF ALASKA ANCHORAGE

College of Education



Department of Counseling & Special Education

3211 Providence Drive, PSB 225, Anchorage, Alaska 99508-4614
 907.786.6317 ▪ 888.822.8973 ▪ fax: 907.786.4474 ▪ e-mail: case@uaa.alaska.edu

Special Education Administrator Applicant Rating Form

Please return form and any supporting materials to the above address

To be completed by applicant prior to giving to Evaluator

Name: _____ Student ID #: _____

Address: _____
Street

_____ Fax: _____
City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

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.

WAIVER FORM: I, _____ the undersigned, hereby waive any right or
applicant
 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.

Date: _____ Signature _____

Please rate the applicant based on your knowledge and/or observations					
Ability to relate to students					
Ability to relate to parents					
Ability to work with other teachers and related personnel					
Effective direction of learning and curriculum					
Enthusiasm in the educational environment					
Promptness, reliability, and dependability					
Responsiveness to supervision					
Personal appearance					
Potential to provide leadership in special education/related services					
Potential to guide instruction and provide for an effective learning environment					
Potential to oversee the implementation of curriculum and/or programs					
Potential to use assessment and evaluation information about students, staff, and the community when making decisions					
Potential to communicate with diverse groups and individuals with clarity and sensitivity					
Potential to act in accordance with established laws, policies, procedures, and good business practices					
Potential to understand the influence of social, cultural, political, and economic forces on the educational environment					
Potential to facilitate participation of parents and families as partners in the education of children					

Applicant _____ Student ID _____

Your recommendation regarding the applicant's ability to work with and lead teachers, related service specialists, and support staff.

General Comments:

I have known this applicant since _____

I have observed applicant work with students for approximately _____
Indicate amount of time

Evaluator Information: (don't forget to sign or rating won't be valid)

Name: _____ Supervisor Peer Other _____
(print)

Signature: _____ Date: _____

School District: _____ Work Phone: (____) _____

Mailing Address: _____

E-mail Address: _____