

**UNIVERSITY OF ALASKA ANCHORAGE**

**College of Education**

Counseling & Special Education Department



**3211 Providence Drive, PSB S206z, Anchorage, Alaska 99508-4614**

907.786.6317 · 888.822.8973 fax: 907.786.4474 e-mail: case@uaa.alaska.edu

**Special Education Program  
APPLICANT RECOMMENDATION FORM**

The applicant named below is applying for admission to a 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 admissions. Thank you for your assistance.

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

Name: _____	Date: _____
Address: _____	
_____	
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>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 align="right">Date: _____ Signature _____</p>
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**Evaluator:** Please complete both pages of the "Applicant Recommendation Form" and the "Teaching Evaluation Form" and return them to the UAA College of Education at the above address. If the applicant is applying for the **early childhood special education program** you have the option of completing these forms or writing a letter indicating the applicant's potential to succeed in graduate school and ability to work successfully with young children with special needs and their families.

<b>Please rate the applicant based on your knowledge and/or observations.</b>	No knowledge	Weak bottom 15%	Marginal bottom 15-40%	Average middle 40-75%	Above Average top 5-25%	Superior top 5%
Skill as a teacher						
Knowledge of relevant curriculum						
Discipline and control						
Ability to work with students with disabilities						
Verbal communication using standard English						
Written communication using standard English						
Self -confidence and assertiveness						
Judgement and tact						
Initiative and motivation						
Emotional stability						
Attention to detail and organization						
School/community involvement						
Instructional methods and planning						
Motivation of students						
Evaluation of students and outcomes						

Applicant: \_\_\_\_\_ Student ID #: \_\_\_\_\_

YES  NO Have you directly observed this person interacting with children/students in an instructional situation? If you responded "Yes", please describe the situation, role, etc., and complete a "Teaching Evaluation Form" based upon your observations.

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

General Comments: (Use additional sheets if needed)

**Evaluator Information:**

Name: \_\_\_\_\_  Supervisor  Peer  Other \_\_\_\_\_  
(print)  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
School District: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

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**Special Education Program**

**APPLICANT TEACHING EVALUATION FORM**

Applicant: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
 Evaluator: \_\_\_\_\_ Location: \_\_\_\_\_  
 Signature (Evaluator): \_\_\_\_\_ Date: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Please write additional comments on the back of this form. **(for General Special Education program only)**

Please rate the applicant based on your observations	No Knowledge	Weak: Bottom 0%-15%	Marginal bottom 16%-40%	Average middle 41%-75%	Above Average top 6%-25%	Superior top 5%	Comments
<b>Lesson Planning</b>							
States lesson outcomes							
Lists standards to evaluate learning							
Lists materials							
Describes activities							
<b>Introduction to Lesson/Activity</b>							
Identifies student's learning to bigger pictures							
Solicits input from students on prior knowledge of information covered related to today's topic							
Reviews agenda (visual display)							
<b>Presentation</b>							
Provides information at a pace for learning							
Models the learning or provides model							
Maintains a productive atmosphere with minimal behavioral problems							
<b>Student Activity</b>							
Questions students for understanding							
Provides feedback to students							
Provides guided/independent practice time							
<b>Closure</b>							
Solicits input on what was learned							
Relates learning to future learning							