



Elizabethtown College
4 + 1 Program in Special Education

RECOMMENDATION FOR ADMISSION

PART A: TO BE COMPLETED BY THE APPLICANT

Applicant's Name: _____
Last First Middle Initial

Proposed Graduate Program _____ Degree Sought _____

In accordance with the Family Educational Rights and Privacy Act of 1974, you may waive your right to inspect this recommendation by signing the statement below. Should you decide not to waive the right, you will have access to this recommendation only if you enroll in the 4 + 1 Program in Special Education at Elizabethtown College.

I choose to waive my right of access _____
Signature of Applicant Date

I choose not to waive my right of access _____
Signature of Applicant Date

PART B: TO BE COMPLETED BY THE RECOMMENDER

The person named above has applied for admission to the 4 + 1 Program in Special Education at Elizabethtown College. We would appreciate your candid evaluation of the applicant's scholarship, dispositions, and professional promise. You may include additional information regarding the candidate's strengths and weaknesses in the comment section.

How long and in what capacity have you known the applicant? _____

| Summary of Evaluation | <i>Below Average</i> | <i>Average</i> | <i>Above Average</i> | <i>Outstanding</i> | <i>Exceptional</i> | <i>No Basis for Judgment</i> |
|---|----------------------|-------------------|----------------------|--------------------|--------------------|------------------------------|
| <i>Applicant's promise as a graduate student, in comparison with others of similar age and experience</i> | <i>Lowest 40%</i> | <i>Middle 20%</i> | <i>Next 20%</i> | <i>Next 15%</i> | <i>Upper 5%</i> | |
| <i>1. Academic Performance</i> | | | | | | |
| <i>2. Knowledge of the Field</i> | | | | | | |
| <i>3. Intellectual Ability</i> | | | | | | |
| <i>4. Oral Expression</i> | | | | | | |
| <i>5. Written Expression</i> | | | | | | |
| <i>6. Initiative/ Resourcefulness</i> | | | | | | |
| <i>7. Emotional Maturity</i> | | | | | | |
| <i>8. Seriousness about Graduate Study</i> | | | | | | |
| <i>9. Promise as a Scholar</i> | | | | | | |
| <i>10. Promise as a Practicing Professional</i> | | | | | | |

Please indicate the strength of your overall endorsement by placing an "X" along the scale.

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Not recommended

Recommend with
Some reservations

Recommend

Highly Recommend

Comments:

Name (Print or Type) _____ Title _____

Signature _____ Date _____

Elizabethtown College
 4 +1 Program in Special Education
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