

CALIFORNIA STATE UNIVERSITY, FULLERTON

Admission to Teacher Education

CHILD/YOUTH RECOMMENDATION TEMPLATE

(Confidential)

Applicant's Name: []

Credential Objective: Special Education

This individual has applied to the Education Specialist Credential Program. One of the criteria on which candidates are admitted to the program is successful work experience with children (either paid or volunteer). The applicant has indicated that he/she has worked with children/youth under your supervision. Please indicate below your evaluation of the candidate's potential as an effective teacher.

Name of Group/School: []

Address []
No. Street City, State Zip Code

Description of applicants work responsibilities:

How long has the applicant worked with you or under your supervision? [] (years/months)

Approximate number of hours experienced:

- in a general education classroom Hours: []
- in specialized instruction only (e.g., P.E., Music, Special Education, Preschool, etc.) Hours: []
- in a day care program only Hours: []
- in another capacity (please specify): [] Hours: []

Please use the scale below in evaluating the applicant for characteristics and abilities listed below:

- 5: Outstanding (excellent)** **4: Above average (very good)** **3: Average (satisfactory)**
- 2: Needs to improve** **1: No opportunity to judge**

Personality Characteristics

Emotional Stability: [] Initiative: [] Sense of Humor: [] Poise & Self-confidence: [] Enthusiasm: []

General Ability

- Uses sound judgment. Considers alternative and consequences before acting: []
- Shows resourcefulness, creativity, and originality: []
- Accepts criticism and suggestions: []
- Has the ability to work cooperatively with others: []
- Shows ability to be flexible and is able to adjust to new, changing or crisis situation: []
- Demonstrates a sense of social responsibility and dedication in working with children and youth: []
- If you had a son or daughter, would you be happy and confident to trust them to this applicant's leadership and influence for an entire school year? []

Please check your recommendation on program admission:

- Strongly recommend Recommend Recommend with some reservation Do not recommend at this time

Additional Comments:

Name: [] Official Position []

Signature: [] Date: [] Phone: []

Upon completion please print and submit to Lisa Alexander by fax (657) 278-2868 **or** email (lalexander@fullerton.edu)