

California State University, Long Beach College of Education SPECIAL EDUCATION CREDENTIAL PROGRAM (ESCP) Teacher Preparation Advising Center, EED-67 Phone: 562-985-1105 http://www.ced.csulb.edu/special-education

CANDIDATE RECOMMENDATION FORM

To The Applicant:

Please provide a copy of this recommendation form to each of the two individuals who will prepare your program recommendations. Ask your recommenders to provide this completed recommendation form to you in a sealed envelope with the Recommender's signature across the seal. You must submit both sealed and signed envelopes containing your completed recommendation forms with your complete set of application materials by the deadline.

This Section Must Be Completed By The Applicant

Student Waiver of Right to Access to Letters of Recommendation: I do I do not waive my access to this confidential recommendation and similar evaluative statements received in connection with my application to the Special Education Credential Program at California State University, Long Beach. I understand that I am not required to waive my right to access these materials.

Applicant Signature:	Date:
Applicant Name:	
Phone Number:	Email Address:

To The Recommender:

The applicant listed above is applying for admission to the Preliminary Credential in Special Education program (EDSP) at CSULB. As a recommender, please rank applicant on the items listed using the scale below, and cite evidence, when possible, of strengths and areas of needed support. Your candid comments will enhance our ability to effectively evaluate the applicant's file and are greatly appreciated.

SCALE:

Area Needs	Average	Above Average	Outstanding
Improvement	(Satisfactory)	(Very good)	(Excellent)
2	3	4	5
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Academic Competency: Demonstrates proficiency in written and spoken English.			
Comments:			

Professionalism: Demonstrates evidence of leadership qualities or traits, has organizational skill,			
dependability, initiative, confidence, resourcefulness, and creativity.			
Comments:			
Dispositions/Personality/Character: Demonstrates evidence of emotional regulation, ability to work with			
others, honesty and trustworthiness.			
$\boxed{1} \boxed{2} \boxed{3} \boxed{4} \boxed{5}$			
Comments:			
comments.			
Understanding of and Commitment to the Field of Special Education:			
Demonstrates basic knowledge, skills, and abilities in the area of special education or the lives of individuals			
with disabilities. Demonstrates an aptitude for teaching.			
Comments:			
Of all candidates that you might recommend, where would you say this student would rank overall?			
Top 5% - One of the best			
Top 25% - Much better than average			
Top 50% - Somewhere in the middle			
Below 50% - Below average			
Recommender Information:			
Recommender Name:			
Position/Title:			
Recommender Signature: Date:			
Upon completion of this recommendation for <u>please place in an envelope and seal. Sign your name across the</u>			

seal and return it to the Candidate for submission with their program application.