

Doctor of Education Recommendation Form

Applicant, please print or type the following information:

Name of Candidate _____ Candidate's Email Address _____

Name of Evaluator _____ Evaluator's Email Address _____

Evaluator Position/Institution _____

I waive my right to review or access letters and statements of recommendation written on my behalf. Yes No

Signature _____

Evaluator:

Complete the following prompts and, along with your letter of recommendation, return the completed documents one of the following ways: 1) email as a saved .pdf to gradschl@up.edu, 2) mail a printed document to the address above, or 3) upload your document via SENDeDu. All recommendation letters must be signed and submitted by the recommender to be considered valid.

Knowledge of the Candidate

Approximately how long have you known the candidate? _____ years

How well do you know the candidate? Casually Well Very Well

What was the nature of your contact with the candidate? (Check all that apply.)

- Major Advisor Research Advisor Employer/Supervisor Colleague
 Supervisee Teacher in one class Teacher in more than one class Other (specify) _____

As you complete the following rating scales, indicate which groups you are using as a point of comparison for the candidate:

- Undergraduates from your institution who have pursued graduate study
 Current graduate students at your institution
 Other teachers with whom I have worked
 Other administrators with whom I have worked
 Other _____

Please rate the applicant in the following areas: *Click the boxes below for a checkmark to appear.

	Exceptional (highest 1-2 %)	Outstanding (highest 5%)	Very Good (highest 10%)	Good (upper 25%)	Average (upper 50%)	Below Average (lower 50%)	No Basis to Evaluate
Recognizes the value and worth of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates in a supportive manner of self and others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates a belief that all students can learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates doctoral-level written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates doctoral-level oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates ability to analyze a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates ability to formulate a solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates competency in candidate's profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall potential for success in a doctoral program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Letter of Recommendation: Please email, mail or upload a letter of recommendation that discusses the applicant's qualifications and potential to complete a doctoral program, as well as the candidate's promise of professional success. Wherever possible, please provide specific examples in your letter.

Summary rating: Excellent Above Average Average Below Average Poor

Name of Evaluator* _____ Date _____

* If you are submitting this form electronically, printed name serves as your signature.

In its educational policies, programs, and procedures, the University provides equal opportunity for all its students without regard to race, color, religion, sex, age, disability, or national or ethnic origin.