Office of Student Services, 1430 E. Second St. Tucson, AZ 85716 PHONE: 520-621-7865 FAX: 520-621-1827

RECOMMENDATION FORM

Instructions: Please complete the following form to recommend a student for a University of Arizona College of Education teacher preparation program.

- Please attach your business card (if available).
- If you wish to add additional comments about the candidate, see reverse side of this form.

Stı	udent Name: Date:	Date:		
Re	eference Name:	_		
Sc	hool or Company: Phone:			
Re	eference position:Reference email:	_		
	Description of Candidate's Experience with Children (TO BE FILLED OUT BY RECOMMENDER)			
1.	Age of students or grade of class in which candidate volunteered or worked:			
2.	Number of volunteer or work hours and period of time with inclusive dates.			
	From (mo./year) To (mo./year)	_		
	Approximate hours/ week:OR total hours:	_		
3.	Ethnic, racial, or cultural diversity of children or youth that the candidate worked with. Please check all that apply. ☐ African-American ☐ Native American ☐ Asian/Pacific Islander ☐ Hispanic ☐ White, non-Hispanic ☐ Other (specify:)		
4.	Please describe how the candidate was involved in and participated in your classroom.			
5.	Please describe your perception of the candidate's ability to meet the standards of the teaching profession	– on. –		
	ference Signature	_		

Optional record of hours volunteered or worked

(Use only for tracking current hours as needed. For already completed hours, answer question # 2 on reverse.)

DATE OR DATES	HOURS	NOTES

Total hours volunteered or worked:

<u>Minimum application requirements for candidates:</u> 2 recommendations forms documenting: **Early Childhood**: 30 hours in early learning centers AND 30 hours in public schools grades K-3 **Elementary**: 60 hours in public schools grades K-8

Mild-Moderate Special Education: 60 hours in public schools with special needs students grades K-12

(note: 2 recommendation letters needed as well)

Additional comments: