



THE UNIVERSITY OF ARIZONA

# College of Education

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.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reference Name: \_\_\_\_\_

School or Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reference Signature** \_\_\_\_\_

By typing your name you agree that the information provided is accurate and true.

