

Applicant: Please complete this portion before submitting to the recommender.

- I waive my right to view this recommendation. I understand that my decision to waive my right to review the recommender comments submitted on this form will not affect the decision of the Admissions Committee.*
- I do not waive my right to view this recommendation. I understand that my decision to review the recommender comments submitted on this form will not affect the decision of the Admissions Committee.*

**Please note: The Family Education Rights and Privacy Act of 1974 accords admitted students the right to review these recommendation forms unless that right is waived.*

Applicant's Name: _____ Email Address: _____

Applicant's Signature: _____ Date: _____

Recommender: The person named above is applying for admission to the Barnard Education Program for the *Urban Teaching Minor*, which leads to *NYS Teacher Certification* and for the *Barnard Noyce Teacher Scholars Program*. You have been selected by the applicant to submit your comments regarding the applicant's qualifications. Your comments will be held completely confidential, if the applicant signed the above statement.

Recommendation

How long have you known the applicant (years/months): _____

Under what circumstances have you known the applicant? *Check One*

Current Student Former Student Employee Other: _____

Please rate the applicant by comparing her or him to other candidates that you have known in a similar capacity.

	Exceptional	Above Average	Average	Below Average	No Opinion
Motivation to Succeed					
Academic Ability					
Writing Skill					
Speaking Skill					
Critical Thinking Skills					
Organization					
Dependability					
Integrity					
Ability to Meet Deadlines					
Ability to Work Effectively with Others					
Desire to Teach in High-Needs School					
Science or Mathematics Content Knowledge					

Please continue on the next page.

What are the applicant's strengths as a future teacher?

What might affect the applicant's ability to succeed as a teacher in a K-12 classroom?

Please also include a written recommendation letter on your company's letterhead.

Overall Recommendation: Please indicate the extent to which you support this candidate for the Barnard Education.

- Strongly recommend
- Recommend
- Recommend with reservations
- Do not recommend

Name: _____

Title: _____

College/University/Other: _____

Address: _____

Signature: _____ Date: _____

Please return this form by emailing the Program Coordinator Nicholas Staropoli (nstaropo@barnard.edu) or mailing it to:

Attn: Nicholas Staropoli
Barnard College Education Program
335-336 Milbank Hall
3009 Broadway
New York, NY 10027

Please direct any questions to Nicholas Staropoli (nstaropo@barnard.edu or 212.854.7029

Thank you for your cooperation and evaluation of the applicant.