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: ____________________________

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 candidate worked with. Please check all that apply.

☐ African-American ☐ Native American ☐ Asian/Pacific Islander

☐ Hispanic ☐ White, non-Hispanic ☐ Other (specify: ____________________________)

4. Describe the nature of activities.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

5. Your perception of candidate’s ability to meet the standards of the teaching profession.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Reference Signature ____________________________

Office of Student Services, PO Box 210069, Tucson, AZ 85721-0069 Tel: 520-621-7865
Optional record of hours worked or volunteered
(Use only for tracking current hours. Past hours use # 2 on reverse)

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Total hours worked or volunteered: ____________________________

Additional comments:
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12/2013 KL