

# Recommendation Form



**Please mail directly to:** Anderson University  
 School of Music Graduate Program  
 1100 E. 5th Street  
 Anderson, IN 46012-3495

**To be completed by applicant**

Applicant name

LAST

FIRST

MIDDLE

**To be read by applicant and recommender**

Under the Family Rights and Privacy Act of 1974, students enrolled at Anderson University have access to their admission records, including letters of recommendation. However, students may waive their right to see recommendations, whereupon such recommendations will be held in confidence. If the applicant has not signed the waiver below, it is assumed that this recommendation is submitted with the recommender's understanding that the applicant, once registered at Anderson University, may request to see the recommendation. The alternative selected will not affect consideration of the application for admission.

Signature of applicant \_\_\_\_\_

*By signing above, I hereby waive my right to review my recommendation*

DATE \_\_\_\_\_

**To be completed by recommender**

- How long have you known the applicant? \_\_\_\_\_
- Summary evaluation: Using the chart, rate the applicant relative to others you have known in a similar capacity.

	Outstanding	Excellent	Good	Fair	Poor	Not Observed
Intellectual potential						
Leadership potential						
Creative ability						
Commitment and follow-through						
Judgment						
Maturity						
Energy level						
Oral communication skills						
Written communication skills						
Organizational skills						
Flexibility in work-related situations						
Adaptable to change						
Ability to analyze problems and form solutions						
Ability to work with others						
Ability to work independently						
General knowledge level						
Motivation for graduate study						
Musicianship						

3. Please rate the applicant accordingly:

- Distinguished** The teacher has demonstrated an exemplary ability to create a community of learners. The teacher highly motivates and engages students and assumes considerable responsibility for their learning. *The teacher is or demonstrates potential to be an outstanding teacher.*
- Proficient** The teacher clearly understands and demonstrates the knowledge to create a community of learners. *The teacher demonstrates the likelihood of becoming an excellent teacher.*
- Basic** The teacher appears to understand the concepts to create a community of learners. Additional reading, observation, and experience (particularly supported by a mentor) may enable the teacher to become proficient in this area. *The teacher will need some guidance and ongoing skill development in order to be successful in the classroom.*
- Unsatisfactory** The teacher does not appear to understand the concepts to foster a community of learners. Work on the fundamental practices is required to enable growth in this area. *The teacher will need significant guidance and ongoing skill development or helshhe may not be able to be successful in the classroom.*

A. In your opinion, at what level is this applicant representative of a professional educator?

D                      P                      B                      U                      Not observed

B. As you observe this candidate with students, what is your assessment of the applicant's knowledge and understanding of students?

D                      P                      B                      U                      Not observed

C. To what degree does this applicant relate to the students, faculty, staff, parents, peers, and community?

D                      P                      B                      U                      Not observed

D. To what degree does this applicant have the appropriate knowledge, and understanding of lesson planning, pedagogy, and current teaching methods?

D                      P                      B                      U                      Not observed

E. To what degree does this applicant develop musicianship in students?

D                      P                      B                      U                      Not observed

F. If you have had the opportunity to observe this applicant in the management of classroom tasks, teaching techniques, media, and materials, how would you rate this candidate?

D                      P                      B                      U                      Not observed

G. To what degree do you see this applicant as a teacher leader?

D                      P                      B                      U                      Not observed

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**Recommender information**

Name *(please print)* \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

Position/Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Signature \_\_\_\_\_