RECOMMENDATION FORM

Name of applicant: ____________________________________________________________

Graduate Program desired (check one):  
   [ ] Teacher Leadership and Instructional Coaching Letter of Endorsement  
   [ ] Autism Letter of Endorsement  
   [ ] Letter of Endorsement in Technology and School Reform  

Family Education Rights and Privacy Act (FERPA)  
(Buckley Amendment)

Under the provision of this Act you have the right, if you enroll in Wilkes, to review your education record. The Act further provides that you may waive your right to see recommendation for admission. Please indicate below, by circling the appropriate phrase and signing your name, whether or not you wish to waive that right.

I [ ] waive  [ ] do not waive  [ ] any right that I have to this recommendation form.

Applicant's signature: ____________________________ Date: ______________________

To person completing this recommendation:
Your assessment to the candidate's potential for graduate work is desired. Use the reverse side if additional space is required. Please evaluate the applicant on the scale below in comparison with others you have known during your professional career.

<table>
<thead>
<tr>
<th>Intelligence</th>
<th>Top 10% Outstanding</th>
<th>Top 20% Superior</th>
<th>Top Third Above Average</th>
<th>Middle Third Average</th>
<th>Bottom Third Below Average</th>
<th>Unable to Judge</th>
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</thead>
<tbody>
<tr>
<td>Originality &amp; Creativity</td>
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<td>Motivation &amp; Perseverance toward goals</td>
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<tr>
<td>Maturity</td>
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<td>Ability to work independently</td>
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<td>Overall potential for graduate study</td>
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</tbody>
</table>

Name of Respondent (type or print): ____________________________________________________________

Position or Title: ____________________________________________________________

Telephone: __________________________________________________________________________

Address: ____________________________________________________________________________

Signature of Respondent: ____________________________ Date: ______________________

Highly Recommend [ ]  Recommend [ ]  Recommend with reservation [ ]  Not Recommend [ ]

Applicant has completed 3 years of full time teaching. [ ] Yes  [ ] No

Wilkes does not discriminate on the basis of race, color, national or ethnic origin, or handicap in the administration of its educational programs and activities in accordance with applicable federal statutes and regulations. Inquiries concerning application to this policy should be directed to the Affirmative Action Officer.

Please use reverse for comments.