

BARNARD

BARNARD COLLEGE · COLUMBIA UNIVERSITY
EDUCATION PROGRAM

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: _____

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. 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? _____

Under what circumstances have you known the applicant? _____

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					
Organization					
Ability to meet deadlines					
Ability to work effectively with others					
Dependability					
Integrity					

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?

For additional comments, please feel free to attach a typed letter.

Overall Recommendation: Please indicate the extent to which you support this candidate for the Barnard Education Program by placing a checkmark in the appropriate blank.

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

Name (type) _____

Title _____

College/University/Other _____

Address

Signature

Date

Please return this form by emailing education@barnard.edu in the Barnard Education Program or mailing it to:

Barnard College Education Program
Attn: Amy Shire
3009 Broadway
New York, NY 10027
(212) 854 7072

Thank you for your evaluation of the applicant.