

# MAT PROGRAM - LETTER OF RECOMMENDATION



*Please print or type*

Applicant's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Former \_\_\_\_\_

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## To the Applicant:

The Family Education Rights and Privacy Act of 1974 entitles you to access this recommendation contingent upon matriculation, unless you waive that right. Whether or not you choose to do so does not affect the careful attention the recommendation will be given.

I hereby  waive  do not waive my right of access to this letter of recommendation.

Signature of Applicant \_\_\_\_\_

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## To the Recommender:

The student named above is applying for admission to the MAT at Multnomah University. The Teacher Education Committee desires only qualified and capable students to be admitted to the program. For this reason, you are being asked to evaluate the personal and/or academic characteristics of this candidate. **NO ACTION WILL BE TAKEN ON THE CANDIDATE'S APPLICATION UNTIL WE RECEIVE THIS FORM. PLEASE RETURN PROMPTLY. THANK YOU FOR YOUR ASSISTANCE.**

Please return this form to the Admissions Office as soon as possible.

A. How long and in what capacity have you known the applicant?

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B. What do you consider to be the applicant's strongest skills or traits?

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C. What do you consider to be the applicant's weaknesses?

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D. Please rate the applicant in reference to others you have known who have entered the teaching profession.

	Exceptional	Superior	Good	Average	Poor	Not Observed
<b>Scholastic Ability</b>						
<b>Patience &amp; Empathy</b>						
<b>Organizational Skills</b>						
<b>Communication Skills: Written</b>						
<b>Communication Skills: Oral</b>						
<b>Interpersonal Skills</b>						
<b>Initiative</b>						
<b>Creativity</b>						
<b>Overall Potential for Success as a Teacher</b>						

E. Please comment on the ratings you assigned above and make any statement about the applicant you believe would be helpful to the Teacher Education Committee, especially with regard to his/her ability to work with PreK-12th grade students.

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Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_