

**LETTER OF RECOMMENDATION FORM
TO THE DEPARTMENT OF
POLICY STUDIES IN LANGUAGE AND CROSS-CULTURAL EDUCATION
SAN DIEGO STATE UNIVERSITY**

Applicant: Please complete the top section of this form and submit to someone familiar with your academic/professional qualifications and personal qualities. One letter of recommendation must be from an elementary school teacher with whom you have worked.

Name of Applicant _____

Educational objective: **Single Subject BCLAD** _____ **Multiple Subject BCLAD** _____

The following Waiver of Access is optional at the applicant's discretion. If signed by the applicant, the waiver certifies to the evaluator and the University that this evaluation is confidential. Applicant's Waiver of Access (valid only if signed)

I hereby waive all rights to see or inspect any statement sent to SDSU as a result of this request.

Applicant's Signature _____ Date _____

Evaluator: Each candidate is required to obtain three evaluations. Your input is valued in the selection of our candidates to our programs. Your careful evaluation of the student will be greatly appreciated. In responding to the following questions, please provide specific statements. The most helpful references are those which include both statements of strength and limitation.

1. To what degree is the applicant able to effectively communicate orally and in writing in a language other than English?

2. How would you rate the applicant's overall intellectual and academic ability?

3. How would you rate the applicant's personality, emotional maturity, and ability to achieve a working relationship with others?

4. How effective is the applicant as a creative and independent thinker?

5. What can you say about the applicant's attitude, aptitude, and ability to teach students?

6. Brief statement of the applicant's strengths and weaknesses with regards to his/her academic skills.

Name _____ Signature _____

Position _____ Date _____

Address/Phone # _____