**University of Pittsburgh at Greensburg**

#### Recommendation for Advanced Standing in the Education Program

**Applicant:** Please completed shaded box below. Give this form and envelope to the person whom you wish to recommend you for upper level standing at the Pitt-Greensburg Education Program. The recommender may return their recommendation form to you in a sealed envelope or they may send it directly to the address noted below. Recommendations are to be kept confidential.

Applicant’s Name: Due date of recommendation form:

Certification Area (check one): [ ]  Early Childhood Education

 [ ]  Secondary Education; list specialty area:

**Recommender:** The person named above is applying for advanced standing in the Education Program at the University of Pittsburgh at Greensburg. Please reflect on this person’s academic achievements, interpersonal abilities, emotional stability, and general dispositions as they relate to his/her probability of success as a classroom teacher. Please submit your confidential recommendation form in a sealed envelope to the student or directly to the Education Department at the following address: University of Pittsburgh, Education Department FACH211, 150 Finoli Drive, Greensburg, PA 15601. **If desired, please use reverse side of form for additional comments**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Criteria** | **Excellent** | **Good** | **Average** | **Marginal** | **N/A** |
| Breadth/Depth of Knowledge |  |  |  |  |  |
| Reliability/Dependability |  |  |  |  |  |
| Work Ethic |  |  |  |  |  |
| Creativity |  |  |  |  |  |
| Interpersonal Skills |  |  |  |  |  |
| Punctuality |  |  |  |  |  |
| Leadership Skills |  |  |  |  |  |
| Dependability |  |  |  |  |  |
| Fulfills Commitments |  |  |  |  |  |
| Attendance |  |  |  |  |  |
| Verbal expression skills |  |  |  |  |  |
| Written expression skills |  |  |  |  |  |
| Perseverance |  |  |  |  |  |
| Flexibility |  |  |  |  |  |
| Assertiveness |  |  |  |  |  |
| Organizational Skills |  |  |  |  |  |
| Self-Confidence |  |  |  |  |  |
| Maturity |  |  |  |  |  |
| Response to Criticism |  |  |  |  |  |
| Probable Success as a Teacher |  |  |  |  |  |

**Recommender’s Information:**

Full Name: Title:

Signature of recommender:

Phone Number:

Email address:

In what capacity have you known the applicant?

How long have you known the applicant?

**ADDITIONAL COMMENTS:**