

UNIVERSITY OF OREGON
COLLEGE OF EDUCATION / SPECIAL EDUCATION & CLINICAL SCIENCES DPMT.

SCHOOL PSYCHOLOGY GRADUATE PROGRAM
LETTER OF RECOMMENDATION FORM

Instructions to Applicant: Please complete the information requested below. Give this form to an appropriate person who is familiar with your abilities and skills related to successfully completing a graduate program in School Psychology.

Name of Applicant:

Last First Middle

Indicate UO School Psychology Program to which you are applying:

Doctoral degree program Masters degree program Licensure-only program

Are you applying for a Graduate Teaching Fellowship (GTF) position: Yes No

Under the Federal Law entitled the Family Educational Rights and Privacy Act of 1974 and the University of Oregon Student Record Policy, registered students are given the right to inspect their records, including letters of recommendation. Opinion is divided whether letters open to review are more helpful in assessing a student's potential than those which are not. Should you wish to waive your right to access to this evaluation, you may do so by signing the waiver below. In any case, all evaluations will be carefully considered.

I expressly waive any rights I might have to access to this recommendation under the Family Educational Rights and Privacy Act of 1974, the University of Oregon Student Record Policy, or any other law, regulation or policy. I understand that the University of Oregon does not require me to execute this waiver and is willing to review my application whether or not I sign it.

Date: _____ Signature: _____

To Person Making Evaluation: As required by the Family Educational Rights and Privacy Act of 1974 and the University of Oregon Student Records Policy, a student may either elect to waive or not to waive the privilege of viewing this recommendation form. If the student has not signed the above waiver, you should consider this form to be non-confidential.

We do request that you use the form on the reverse side for your recommendation and return it directly to the applicant in a sealed envelope. If you need room for additional comments, please feel free to attach an additional page. If the applicant has checked that he or she is applying for a GTF position (above), this letter will also be used for that purpose.

**RETURN BOTH PAGES OF THIS FORM DIRECTLY TO THE APPLICANT IN
A SEALED ENVELOPE, WITH YOUR SIGNATURE ACROSS THE SEAL,
IN TIME FOR THE APPLICATION DEADLINE OF JANUARY 5**

APPLICANT NAME: _____

Please rate the applicant on the qualities listed below by a check mark and, if you wish, add comments you think would be helpful. *Use as your standard of comparison other graduate students in this field or at your institution.*

	Upper 1-2%	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Below 50%	No basis for judgment
Intellectual ability							
Academic preparation							
Judgment and maturity							
Motivation							
Social and interpersonal skills							
Effectiveness of oral communication							
Writing skills							

Admission recommendation:

___ Strongly recommend ___ Recommend ___ Recommend with reservation ___ Not recommend

Potential of the applicant as a graduate teaching or research fellow:

___ Exceptional ___ High ___ Adequate ___ Low ___ No basis for judgment

In addition, please attach a letter of recommendation addressing the candidate's qualifications and promise as a graduate student. Of particular interest are your estimates of the applicant's intellectual ability, motivation and capacity for independent study, promise for a career in productive scholarship and effective teaching. Please give examples of any professional accomplishments to date. Also, briefly indicate the nature of the relationship you had to the applicant, and your rating of him or her relative to other students.

Signature _____

Date _____

Name _____

Title _____

Institution _____

Phone _____

Address _____