SPECIAL EDUCATION
MASTER'S RECOMMENDATION

To the applicant: Please type your name and the program for which you are applying on the lines indicated below, then type the name and address of the person from whom you are requesting a recommendation. Send this form to the person, enclosing a stamped envelope addressed as follows:

Nikki Michalak, M.S.
Master's Program Advisor
Department of Special Education
Illinois State University
Campus Box 5910
Normal, IL 61790-5910

_____ In re: _____
Name of Applicant

_____ _____
Social Security Number

_____ _____
Program applied for

The undersigned hereby acknowledges and agrees that in consideration for the sending of a letter of reference or recommendation by _____ that the undersigned waives any right or privileges to inspect or challenge the content and comments expressed therein and that such observations shall be and remain confidential as between the writer and the person, agency or organization to whom this letter is addressed.

_____ _____
Date Signature of Student

Dear Colleague:

The above named person is an applicant for admission to the program indicated. We would appreciate your assistance in rating him/her by checking the appropriate box in the rating scales below the heading that most nearly describes the student in comparison with a representative group of students or employees in this field.

Applicant's Disposition for Special Education as a Profession	Below Average	Average	Good	Unusual	Outstanding	
	Lowest 40%	Middle 20%	Next Highest 25%	Next Highest 10%	Top 5%	Inadequate Opportunity to Observe
1. Promotes learning in a positive manner						
2. Values diversity						
3. Collaborates effectively						
4. Professional behavior						
5. Commitment to lifelong learning						
6. Self reliance and independence						
7. Emotional stability and maturity						
8. Oral communication						
9. Written communication						

Please add any additional comments which will be of help in determining whether this applicant should be admitted to a master's program.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ Your signature

_____ Position

Please indicate below:

1. Length of time you have known applicant _____

2. In what capacity _____
(as student's major professor, department head, supervisor, etc.)

Thank you for your assistance.

Nikki Michalak, M.S., Master's Program Advisor
Department of Special Education
Illinois State University
Campus Box 5910
Normal, IL 61790-5910