

**Special Education
Advanced Graduate Certificate in Transition Specialist
Recommendation Form**

To the applicant: Please type your name on the line below, then type the name and address of the person from whom you are requesting are recommendation.

Name of Applicant

Name of Recommender

Social Security Number

Address of Recommender

The undersigned hereby acknowledges and agrees that in consideration for the sending of a letter of reference or recommendation by _____ (Name of Recommender) that the undersigned waives any right or privileges to inspect or challenge the content or 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.

Signature of Student

Date

To the recommender: The above named person is an applicant for admission to Illinois State University's advanced graduate certificate program in Transition Specialist. We would appreciate your assistance in rating him/her by checking the appropriate circle that most nearly describes the student in comparison with a representative group of students or employees in this field.

Applicant's Disposition for Transition Specialist	Below Average	Average	Above Average	Outstanding	Not able to rate
	Lowest 60%	Middle 20%	Next Highest 10%	Top 10%	
1. Promotes learning in a positive manner.					
2. Values diversity.					
3. Collaborates effectively.					
4. Exhibits professional behavior.					
5. Committed to lifelong learning.					
6. Self-reliant and independent.					
7. Emotionally stable and mature.					
8. Oral communication					
9. Written communication.					

Please discuss the applicant's ability to provide direct service to individuals with disabilities and leadership to others.

Please indicate below:

Length of time you have known applicant: _____

In what capacity: _____

Please email completed form to:

Debbie Shelden, Ph.D., Transition Specialist Program Coordinator
dlsheld@ilstu.edu