



To the Applicant

Each recommendation must include the completed Reference Form as well as a separate letter from your recommender written and signed on academic or business letterhead stationery. Recommendations should be requested from professors and other professional references who are able to comment on your qualifications for graduate study and for licensure. Complete all sections below and enter your name and deadline date on the reverse side. Deliver this form directly to the recommender, along with a stamped envelope addressed to the Graduate Studies Committee Chair of the graduate program to which you are applying and a self-addressed, stamped postcard for informing you when this Reference Form and the recommender's letter have been sent.

Applicant's Information

Name: _____
Last or Family Name/Surname First Middle Date of birth

Address: _____ Degree sought (if licensure only leave blank): _____

E-mail address: _____

Major field of study: Educational Administration

List the name and address of the graduate program to which you are applying.

Graduate Studies Committee Chair
The Ohio State University

(graduate program) Educational Policy & Leadership

(building) 122 Ramseyer Hall

(street) 29 W. Woodruff Ave.

Columbus, OH 43210 USA

| Licensure Study Plan | |
|--|---|
| Licensure Program(s): | |
| <input type="checkbox"/> Principalship: Ages 3 to 14 | <input type="checkbox"/> Non- Accelerated |
| <input type="checkbox"/> Principalship: Ages 8 to 21 | <input type="checkbox"/> Accelerated |
| <input type="checkbox"/> Superintendent | |

If you have had contact with a faculty member at Ohio State regarding graduate study, please indicate the following:

Faculty contact's name Department

Recommender's Information

Name: _____

Title: _____ Institution: _____

Address: _____

Phone: _____ FAX: _____ E-mail: _____
IMPORTANT: At least one direct contact number must be supplied, for verification purposes.

List the courses you have taken under the direction of this recommender or list how you are related professionally:

| Course Number | Course Title | When Taken | Grade |
|---------------|--------------|------------|-------|
| | | | |
| | | | |
| | | | |

Applicant's Waiver of Right to Access

The Family Educational Rights and Privacy Act of 1974, as amended (P.L. 93-380), allows a candidate for admission, employment, or receipt of honors to waive his or her right of access to confidential letters or statements written on his or her behalf if the recommendation is used solely for the purposes of admission, employment, or the receipt of honors and if the candidate, upon request, is notified of the names of all persons making such recommendations on his or her behalf. The university does not require that you make such a waiver as a condition for admission or award of fellowship or associateship. However, under the legislation you have the option of signing such a waiver as follows:

I hereby waive my right to access to this recommendation and any appropriate attachments which have been written by _____ (insert name of recommender) on behalf of my application to the Graduate School, The Ohio State University, and for award of a fellowship or associateship, if applicable. This waiver is effective insofar as the recommendation is used solely for the purpose of admission or award of fellowship or associateship, if applicable.

Printed Name: _____ Date: _____ Signature: _____



To the Recommender:

The applicant named below has applied for admission to the Graduate School of The Ohio State University. Please complete this Reference Form along with a separate recommendation letter written and signed on your official academic or business letterhead stationery. Return both documents before the program application deadline of _____. If you do not know this student well, please feel free to say so.

Applicant's Last or Family Name/Surname _____ First _____ Middle _____

1. What is your relationship with the applicant? Teacher/Professor Employer/Supervisor Other _____

2. Do you know the applicant well enough to give him/her a recommendation? Yes No (If you checked NO, you do not need to complete the rest of this form.)

3. SUMMARY EVALUATION

Use the following rubric for each statement below to indicate the applicant's potential for developing the respective expectation.

5 – Already met; 4 – Strong evidence; 3 – Some evidence; 2 – Little evidence; 1- Insufficient Evidence

Please circle the appropriate response:

| | | | | | |
|--|---|---|---|---|---|
| The applicant has an appreciation for the roles and responsibilities of a school administrator | 5 | 4 | 3 | 2 | 1 |
| The applicant has an appreciation for the impact of administration and leadership on current society and culture. | 5 | 4 | 3 | 2 | 1 |
| The applicant has an appreciation of schools as a reflection of society and its fundamental role in a democratic society. | 5 | 4 | 3 | 2 | 1 |
| The applicant has an appreciation for the diversity and the worth of students, families and communities and cultures and backgrounds across all ethnic groups, genders, disabilities and socioeconomic levels. | 5 | 4 | 3 | 2 | 1 |
| The applicant has a belief that all students can learn and achieve reasonable standards and expectations. | 5 | 4 | 3 | 2 | 1 |
| The applicant has a willingness to use multiple data sources to drive decisions about student learning across all P-12 school age and demographic groups. | 5 | 4 | 3 | 2 | 1 |
| The applicant has a willingness to study the best and most promising professional practices that have an impact on student learning. | 5 | 4 | 3 | 2 | 1 |
| The applicant has a willingness to understand and demonstrate the efficient use of community resources to promote student achievement | 5 | 4 | 3 | 2 | 1 |
| The applicant has a willingness to learn and develop community support of the district mission | 5 | 4 | 3 | 2 | 1 |
| The applicant has a willingness for understanding the political context of schools in a democratic society | 5 | 4 | 3 | 2 | 1 |
| The applicant has demonstrated sufficient leadership qualities to inspire achievement among students and staff and willingness to as a professional | 5 | 4 | 3 | 2 | 1 |

4. RECOMMENDATIONS

I would make the following recommendation for the applicant's admission to the program and degree listed on the front:

- strongly recommend
- recommend
- recommend with reservations
- do not recommend

I feel that the applicant is qualified to serve as: (check all that apply)

- assistant principal
- principal
- assistant superintendent
- superintendent
- Master's or doctoral student (circle one)

5. Some gifted individuals do not perform to their potential. Is the applicant's scholastic record, as you know it, an accurate index of his/her ability?

- Yes No Don't know (If you checked NO, please explain why in your recommendation letter.)

6. RECOMMENDATION LETTER

- a. Use only clearly identified, official academic or business letterhead paper. This letter must be signed by you.
- b. Include the applicant's name on each page of the letter.
- c. Attach your letter to this Reference Form and send them so they arrive no later than the above-stated deadline.
- d. Describe the applicant's qualifications for graduate study and for administrative licensure. Please discuss topics such as:
 - performance in independent study or in research groups, intellectual independence, research interests, capacity for analytical thinking, ability to work with others, ability to organize and express ideas clearly, and drive and motivation.
 - For licensure applicants – please discuss topics listed in the Summary Evaluation above in more detail.

Recommender, please read and sign below:

I have read the recommender information on the front of this Reference Form, including the direct contact number, and have made any necessary corrections.

Printed Name: _____ Signature: _____