Undergraduate Special Education
Letter of Recommendation

For the Applicant to Complete:

Name	Signature

- ◯ I waive my right to review this recommendation. It will be submitted to A100 of the PAES Building in a sealed envelope.
- ◯ I **do not** waive my right to review this recommendation.

For the Recommender to Complete: (Letters may be sent to: c/o Special Education Undergraduate Program Committee, Office of Student & Alumni Services, School of PAES, A100 PAES Building, 305 W. 17th Ave, Columbus, OH 43210-1224)

How long have you known the applicant?

In what capacity have you known the applicant?

Please rate the applicant as compared to peers (in this class or specific environment) in the following categories:

	Outstanding	Very Good	Good	Average	Below Average
	Highest 5%	Highest 10%	Upper 25%	Upper 50%	Lower 50%
Maturity/Responsibility	◯	◯	◯	◯	◯
Commitment to the Field of Special Education	◯	◯	◯	◯	◯
Discipline	◯	◯	◯	◯	◯
Leadership Qualities	◯	◯	◯	◯	◯
Intellect	◯	◯	◯	◯	◯
Problem Solving Skills	◯	◯	◯	◯	◯
Initiative	◯	◯	◯	◯	◯

Please provide any comments that you think are relevant to the committee's consideration of this applicant for the undergraduate major in Special Education. (If you need more space please attach a separate sheet)

Name _____ **Signature** _____

Address _____ **Phone** _____