

**University of Central Arkansas  
College of Education  
Letter of Recommendation 1**

**To the Applicant:** The Federal Family Educational Rights and Privacy Act of 1974 and its amendments guarantee enrolled students the right to see their letter of recommendation unless they explicitly waive that right. Indicate below what your wishes are in this regard:

\_\_\_\_ I **do NOT** waive my right to inspect the contents of this recommendation  
 \_\_\_\_ I **DO** waive my right to inspect the contents of this recommendation.

\_\_\_\_\_  
 Print Full Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**To The Referrer:** This is a Letter of Recommendation regarding a candidate's teaching potential for admission to a **Master of Arts in Teaching (M.A.T.) Program**. The above named person has given your name as a reference. Please assess the candidate's performance as a **prospective teacher** and return the form to the candidate for inclusion in his/her application. If the applicant has waived the right to inspect the recommendation, the recommendation should be returned to the University of Central Arkansas address listed below.

Please check the column that applies to your assessment of the applicant in the categories listed below	Unusually High	Above Average	Average	Below Average	Unusually Low	No Basis for Judgment
Demonstration of Content Knowledge						
Breadth of Knowledge						
Enthusiasm						
Sense of Responsibility						
Oral Expression						
Written Expression						
Flexibility						
Initiative						
Ability to Work With Children						
Ability to Work with Other Adults						
Emotional Maturity						
Potential as a Teacher						

**Please include additional comments about the applicant on the back.**

Name (Please Print): \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

University of Central Arkansas, College of Education, M.A.T. Program Director, 201 Donaghey, Conway, AR 72035

**University of Central Arkansas**  
**College of Education**  
**Letter of Recommendation 2**

**To the Applicant:** The Federal Family Educational Rights and Privacy Act of 1974 and its amendments guarantee enrolled students the right to see their letter of recommendation unless they explicitly waive that right. Indicate below what your wishes are in this regard:

I **do NOT** waive my right to inspect the contents of this recommendation  
 I **DO** waive my right to inspect the contents of this recommendation.

\_\_\_\_\_  
 Print Full Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**To The Referrer:** This is a Letter of Recommendation regarding a candidate's teaching potential for admission to a **Master of Arts in Teaching (M.A.T.) Program**. The above named person has given your name as a reference. Please assess the candidate's performance as a **prospective teacher** and return the form to the candidate for inclusion in his/her application. If the applicant has waived the right to inspect the recommendation, the recommendation should be returned to the University of Central Arkansas address listed below.

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Ability to Work with Other Adults						
Emotional Maturity						
Potential as a Teacher						

**Please include additional comments about the applicant on the back.**

Name (Please Print): \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

University of Central Arkansas, College of Education, M.A.T. Program Director, 201 Donaghey, Conway, AR 72035