Special Education Programs Recommendation Form

This recommendation should be completed by an individual who has knowledge of the Applicant's knowledge, skills, and dispositions related to special education. This individual should be a supervisor or faculty member. This recommendation should not be completed by a friend or family member.

Teacher Candidate, please complete the section below and send to your recommender:

Special Education Program Applicant's Name	am aware of the provision of the Family Education Rights and Privacy Act (FERPA)
and I hereby authorize the release this evaluation form.	e of information below to CSU Bakersfield. I realize that I will not view or be informed of
Special Education Program Applicant's Signature	_
Select which campus this form sho	ould be returned to:
☐ Bakersfield Campus, Upload fo i	m to portal: <u>Submission portal</u>
☐ Antelope Valley Campus, Jenny	St. George, jst-george@csub.edu
* 1	he section below, then return to appropriate campus marked by Candidate:
	plicant named above is applying for admission to a teaching credential or master's in
Special Education program at CSU	Bakersfield. Please provide your judgment of the suitability of this Applicant for the

program according to the following dispositions:

Disposition	Description		Strong	Avg.	Below Avg.	Not Observed	
Professional Collaboration	The applicant works effectively with others.						
Reflective Practitioner	The applicant demonstrates problem solving and critical thinking skills.						
Ethical Professional	The applicant demonstrates ethical behavior consistent with professional standards, obligations, and responsibilities.						
Student/Client Centered	The applicant makes connections between and among individuals and maintains trusting relationships.						
Professional Leader	The applicant demonstrates leadership skills such as effective communication, organization, and the ability to ensure the advancement, welfare, and safety of students.						
Professional Competence	The applicant demonstrates the potential to positively impact k-12 learners.		,				
Comments:							
Name:		Signature:					
Position Title:		Tel.:	Email:	il:			