

HARDING

UNIVERSITY

RECOMMENDATION FOR ADMISSION TO THE TEACHER EDUCATION PROGRAM

Student Being Recommended: _____

Recommendation From: _____

I (the student) have signed the Student Reference Request and FERPA (Family Educational Rights & Privacy Act) Release. However, I have waived not waived my right of access to this recommendation form.

 Signed H Harding ID Date

Major: _____ Teaching Level: (check all that apply)

Early Childhood
 Middle Level
 Secondary
 K-12

I was enrolled in your class entitled _____ during _____
 (semester & year)

Please complete this form by placing a check in the appropriate box and return to the Teacher Education Office, P.O. Box 12254, Harding University, Searcy, AR 72149-2254.

	Satisfactory for				Should be reviewed	Should not teach	No opportunity to observe
	Early Childhood	Middle	Sec.	K-12			
Character							
Cooperation							
Dependability							
Personality Projection							
Scholarship							
Mental/Emotional State							
Writing Skills							
Oral Skills							

_____ I do not know the student well enough to check the above characteristics but have no reason to disapprove.

_____ I do not know the student.

Date: _____

 Signature

 Print Name

