

Personal Appraisal Form for Master in Education Programs

Name of Applicant _____

Relationship to Student _____

Please Comment on the following:

1. Teaching Skills
2. Initiative to use educational resources; i.e. museums, libraries, etc.
3. Community and service participation
4. Professional efforts to remain current
5. Ability to understand and work effectively with students
6. Evidence of emotional stability or instability
7. Responsibility and punctuality
8. Promise of growth through graduate level study

Please respond on the reverse side of this sheet or on a separate paper

Note: This recommendation will be kept in confidence from the student if the waiver below has been signed. If it has not been signed, the student will have access to the recommendation.

Date _____ Telephone _____

Signature _____

Title _____

Address _____

Access Waiver (optional)

I hereby waive the right of access to this recommendation as accorded by the Family Educational Rights and Privacy Act of 1974. I understand that I may not subsequently inspect this recommendation.

Date _____

Student Signature _____

Student Name (print) _____

Please return to:

Adult Education Office
Attn: John Weiser
Carthage College
2001 Alford Park Drive
Kenosha, WI 53140-1994

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