



C O L L E G E C H I C A G O

INNOVATION IN THE VISUAL, PERFORMING, MEDIA AND COMMUNICATION ARTS



Supplemental Educational Studies Evaluation Form

(ONLY for applicants to Educational Studies graduate program at Columbia College Chicago)

To the Applicant:

This is to be completed and signed by the individual writing your letter of recommendation. It should be attached to the letter of recommendation and/or recommendation cover sheet. Your recommender may either return these items to you in a sealed and signed envelope for you to include with your application, or he/she may forward the letter directly to the Director of Graduate Admissions at the Graduate Office address provided on the reverse. (Please note that any waiver that you sign on the "Letter of Recommendation Cover Sheet" will also cover this form. Students who submit forms without the official and/or completed cover sheet will be assumed to have waived their rights of access.)

Name of Applicant:

Last: _____

Mr. Ms. Other: _____

First: _____

Middle: _____

To the Recommender:

As part of its teacher-preparation programs, the Educational Studies Department works to foster a teacher candidate's continuing development in dispositions essential for success as an effective teacher and educational leader. Please assist us by filling out the enclosed disposition rating sheet, using the scale below, and returning it with your letter of recommendation for the applicant.

The Department employs an assessment system that allows continuing enhancement of its teacher preparation programs; thus, these dispositions are assessed as a student begins the Columbia program and again at the midpoint, the conclusion, and two years following graduation.

Your input is invaluable in helping the Department achieve its goal of providing the best possible program to teacher candidates so that they, in turn, can provide the best possible learning experiences for the children they will serve.

We greatly appreciate your contribution to the development of teachers of excellence for Illinois schools.

Name of Recommender: _____

Title/Position: _____ Institution: _____

Phone Number: _____ Email: _____

Recommender Signature: _____ Date: _____

To the Recommender:

Please complete the rating chart on the reverse of this sheet. Any additional comments would be appreciated.

