



Bagwell College of Education
Instructional Technology

EVALUATION FORM

Candidate Name _____

Applicant: Before giving this form to a reference, please check and sign this section in accordance with the Family Educational Rights and Privacy Act (FERPA).

_____ I (hereby waive) _____ (do not waive) my right of access to this statement of support.

Applicant Signature Date

To Person Recommending: You have been identified as one who knows the above applicant's professional work well enough to assess his/her potential in instructional technology. Please rate the candidate on the following:

Characteristic	Excellent	Above Average	Average	Below Average	Poor	Inadequate knowledge to rate
Interpersonal Skills/Working with Others						
Communication Skills (both written and oral)						
Organizational Skills						
Problem Solving Skills						
Flexibility and Adaptability						
Motivation and Initiative						
Knowledge of the Field						
Integrity						
Commitment						
Leadership Potential						
Success in Current Position						
Potential for Success in Graduate Studies						
Overall recommendation						

 Signature of Person Recommending Title School /District

 Name - Please Print Date Telephone Number

If you wish to submit additional information, please attach a letter to this form.

Please return to the candidate, so they can submit with their online application.