



Ed.D. in School Improvement
Professional Letter of Recommendation Form
University of West Georgia • Carrollton, Georgia 30118-4160

Section 1: This section is to be completed by the applicant.

SSN/UWG ID: _____ / _____ / _____ Name of Applicant: _____

Under the provisions of the Family Educational Rights and Privacy Act of 1974 (Public Law 93-380), you may decide whether letters of reference written at your request are to be held confidential, or whether they are to be available for your personal inspection. Check one of the following statements and place your signature in the space provided so that the reference will be advised of your choice.

_____ Confidential. I waive my right of personal access to this reference and grant permission for this letter of recommendation to be held confidential by the University of West Georgia.

_____ Open File. I retain the choice of having letters of recommendation available to me.

Signature of Applicant: _____ Date: _____

Section 2: This section is to be completed by the person making the recommendation.

An applicant to the University of West Georgia's Ed.D. in School Improvement has listed you as a reference. We would greatly appreciate your completing this form at your earliest convenience because we cannot consider the application without it. Please understand that the applicant has the right to review this form unless otherwise specified by their signature on the confidentiality waiver (e.g., FERPA).

As you complete this form, we ask that you keep the mission of the program in mind:

The mission of the Doctor of Education in School Improvement program is to develop change agents and transformational leaders, who, through collaboration with colleagues, schools, and communities, initiate sustainable systemic change in the schools they serve. The program is grounded in research knowledge and skills, technological competence, teaching and learning processes, and a commitment to diversity. Graduates will plan strategically and design, implement, and document collaboratively the impact of educational improvement programs that bring all students to high levels of academic achievement.

- 1. How long have you known the applicant? _____ years _____ months
2. How well do you feel you know the applicant professionally? ___casually ___well ___very well
3. What is the nature of your relationship with the applicant? _____

Section 3. Evaluation – Please rate the applicant in the areas below, keeping in mind the mission of the program.

- 1. The applicant shows leadership skills in his/her field. ___Strongly Agree ___Agree ___Strongly Disagree ___Disagree ___Don't Know
2. The applicant has demonstrated commitment to school improvement. ___Strongly Agree ___Agree ___Strongly Disagree ___Disagree ___Don't Know
3. The applicant communicates well orally. ___Strongly Agree ___Agree ___Strongly Disagree ___Disagree ___Don't Know
4. The applicant communicates well through written communication. ___Strongly Agree ___Agree ___Strongly Disagree ___Disagree ___Don't Know

5. The applicant demonstrates perseverance toward goals. Strongly Agree Agree Strongly Disagree Disagree Don't Know

6. The applicant is knowledgeable in his/her field. Strongly Agree Agree Strongly Disagree Disagree Don't Know

7. The applicant has appropriate social skills necessary to be an effective leader in an educational environment. Strongly Agree Agree Strongly Disagree Disagree Don't Know

8. The applicant is able to solve difficult problems. Strongly Agree Agree Strongly Disagree Disagree Don't Know

9. The applicant has the leadership potential to be a change agent in the schools. Strongly Agree Agree Strongly Disagree Disagree Don't Know

10. Considering the applicant's academic and/or professional record, determination, and ambitions, indicate your overall recommendation.

Highly Recommend Recommend Recommend with Reservations Do Not Recommend

Additional Comments:

Section 4. Reference Information – Reference Name / Contact Information

Name _____

Title: _____ Organization: _____

Address: _____

City _____ State _____ Zip Code _____

Telephone: (_____) _____ E-mail: _____

Signature: _____ Date: _____

May we contact you if we have any questions? Yes No

The University of West Georgia provides equal opportunity and affirmative action in education and employment for qualified persons regardless of race, color, sex, religion, national origin, or veteran status.