THE MASTER'S COLLEGE

Confidential Teaching Experience Recommendation for the Teacher Credentialing Program

Complete the top portion and give this form to an educator who knows you well and can attest to your academic ability and recent performance. Do not give this form to a relative. Please provide your reference with a stamped envelope to:

The Master's College Department of Education, 21726 Placerita Canyon Road, Santa Clarita, CA, 91321

Electronic forms may be downloaded at: www.masters.edu and submitted by email to: TeacherEd@masters.edu

TO THE APPLICANT		
Social Security Number	Name Last	First
Permanent Address		
City	State	Zip
,	rence, sign your name in the space	udent to have access to this reference form unless a waiver to that effect has been signed. If e provided. If you do not sign, you will be permitted to inspect this reference only if you enroll access to this letter of reference.
Signature of Applicant:		Date:

TO THE REFERENCE ONLY

The candidate named above is applying for admission to The Master's College Teacher Credentialing Program. The Admissions Committee finds candid, thorough evaluations invaluable in the decision-making process. Please feel free to include any information on the candidate that you feel is pertinent, and remember that your prompt appraisal will help to assure full consideration. Please complete this form and return to the address highlighted above with any additional comments attached.

Please rate the applicant in the areas below by circling the rating that best describes him or her:

			v		
PLANNING & PREPARATION	EXCEPTIONAL	STRONG	AVERAGE	UNSATISFACTORY	NOT OBSERVED
LESSON PRESENTATION TECHNIQUES	EXCEPTIONAL	STRONG	AVERAGE	UNSATISFACTORY	NOT OBSERVED
USE OF TECHNOLOGY	EXCEPTIONAL	STRONG	AVERAGE	UNSATISFACTORY	NOT OBSERVED
LEVEL OF LANGUAGE	EXCEPTIONAL	STRONG	AVERAGE	UNSATISFACTORY	NOT OBSERVED
VOLUME, TONE & EXPRESSION	EXCEPTIONAL	STRONG	AVERAGE	UNSATISFACTORY	NOT OBSERVED
EVALUATION OF STUDENT LEARNING	EXCEPTIONAL	STRONG	AVERAGE	UNSATISFACTORY	NOT OBSERVED
STUDENT CONTROL	EXCEPTIONAL	STRONG	AVERAGE	UNSATISFACTORY	NOT OBSERVED
USE OF POSITIVE REINFORCEMENT	EXCEPTIONAL	STRONG	AVERAGE	UNSATISFACTORY	NOT OBSERVED
SUPPORTIVE ATTITUDE TOWARDS STUDENTS	EXCEPTIONAL	STRONG	AVERAGE	UNSATISFACTORY	NOT OBSERVED
HANDLING OF ADMINISTRATIVE TASKS	EXCEPTIONAL	STRONG	AVERAGE	UNSATISFACTORY	NOT OBSERVED

(continued on reverse)

How long	have you known the applicant?
Are you re	lated to applicant? □ Yes □ No
List areas	of strength that you have observed.
List areas	needing improvement that you have observed.
	onscientiously recommend the applicant for admission to The Master's College Teacher Credentialing Program? Yes, with confidence
:	Signature:Date:
	Print Name:
	Name of Organization: Title:
	Address:
	City, State, Zip:
	Phone: ()Email:
	Please return this form to the Teacher Education Department, Box #18 in a sealed envelope, NO LATER THAN