Office of Student Services, 1430 E. Second St. Tucson, AZ 85716 PHONE: 520-621-7865 FAX: 520-621-1827

RECOMMENDATION FORM

Instructions: Please complete the following form to recommend a student for a University of Arizona College of Education teacher preparation program.

- Please attach your business card (if available).
- If you wish to add additional comments about the candidate, see reverse side of this form.

Student Name:			Date:			
Re	eference Name:					
Sc	chool or Company:		Phone:			
Re	eference position:	Re	ference email:			
]	Description of Candidate's Ex (TO BE FILLED OUT BY				
1.	Age of students or grade of class in which candidate volunteered:					
2.	Number of volunteer or work hours and period of time with inclusive dates.					
	From (mo./year)	To (mo./year)				
	Approximate hours/ week:OR total hours:					
3.	Ethnic, racial, or cultura apply. ☐ African-American ☐ Hispanic	l diversity of children or youth t Native American White, non-Hispanic	hat candidate worked with. Please check all that Asian/Pacific Islander Other (specify:			
4.	Please describe how the	candidate was involved in and p	participated in your classroom.			
5.	Please describe your per	ception of the candidate's abilit	y to meet the standards of the teaching profession.			
Re	eference Signature					

Optional record of hours worked or volunteered
(Use only for tracking current hours. Past hours use # 2 on reverse)

DATE OR DATES	HOURS	NOTES
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Total hours worked or volunteered:	
Minimum application requirements for candidates: 2 recommendations forms documenting:	
Early Childhood: 30 hours in early learning centers AND 30 hours in public schools grades K-3	

Mild-Moderate Special Education: 60 hours in public schools with special needs students grades K-12

Additional comments:

Elementary: 60 hours in public schools grades 1-8