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:	Reference 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 v	vith inclusive dates.	
	From (mo./year)	To (mo./year)		
	Approximate hours/ wee	ek:OR t	otal 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 participated in your classroom.			
5.	Please describe your per	ception of the candidate's abilit	y to meet the standards of the teaching profession.	
R4	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

Total hours worked or volunteered:

<u>Minimum application requirements for candidates:</u> 2 recommendations forms documenting: **Early Childhood**: 30 hours in early learning centers AND 30 hours in public schools grades K-3 **Elementary**: 60 hours in public schools grades K-8

Mild-Moderate Special Education: 60 hours in public schools with special needs students grades K-12 (note: 2 recommendation letters needed as well)

Additional comments: