



TOURO COLLEGE

Graduate School of Education and Psychology
43 West 23rd Street, New York, NY 10010

Applicant's Letter of Reference

To The Applicant

Distribute copies of this form to persons familiar with your academic record and with your plans for graduate study. Provide a stamped envelope addressed to:

Touro College Graduate School of Education and Psychology
Office of Admissions , 43 West 23rd Street, 3rd floor, New York, NY 10010

Student Section *Please Type or Print*

Last Name _____ First Name _____ Middle Initial _____

Maiden/Other name _____ Social Security Number _____ - -

Program:

MS in Education & Special Education

MS in School Leadership

Concentration: Early Childhood

MS in Teaching Literacy

Childhood

MS in TESOL

Middle Childhood

MS in Instructional Technology

Bilingual Advanced Certificate Program in Special Education and Speech & Hearing Handicapped

MS in Mental Health Counseling

Bilingual Advanced Certificate Program in School Psychology

MS in School Psychology

As provided under the Buckley Amendment you have the right to review your educational record if you attend Touro College. Your decision to waive or not waive your right of access to this recommendation will have no effect on your application.

I hereby waive my right of access to this recommendation.

I do not waive my right of access to this recommendation.

Signature

Date

Respondent Section

Name _____

Title _____

Organization _____

City, State, Zip _____

Date _____

Office Telephone (____) _____

To the Evaluator

The person named above has applied for admission to graduate study at Touro College, and has asked you to evaluate his/her ability to do graduate work. If the applicant has not waived the right to review this rating form, you should consider it non-confidential, and you may return the form uncompleted.

1. How long have you known the applicant and in what capacity? *(Give dates, if possible.)*

2. Please rate the applicant in each area listed below in comparison with undergraduate seniors or college graduates.

	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis to Judge
Intellectual Ability					
Oral Expression					
Written Expression					
Motivation/Initiative					
Cooperation					
Emotional Maturity					
Dependability					
Creativity					

3. *(For teachers of applicant only)* I would rank this applicant approximately in the top _____% of the _____ undergraduate or _____ graduate students I have taught in the past _____ years.

4. Estimate of potential: Outstanding Above Average Average Below Average

As a graduate student _____

As a professional _____

5. Recommendation concerning admission (check one):

_____ I recommend the applicant with confidence

_____ I recommend the applicant with reservation. *(Please explain in item #6.)*

_____ I do not recommend the applicant. *(Please explain in item #6.)*

6. Please provide an additional assessment of the applicant's potential for success in graduate school. Include any particular strength and weaknesses.

We appreciate your candid appraisal.

Thank you.