Department of Special Education
Honors Program in Exceptional Student Education

Confidential Recommendation of Applicant

TO BE COMPLETED BY THE APPLICANT

Applicant's Name: _____

Applicant's Z-number: _____

Pursuant to the Family Educational Rights and Privacy Act of 1974, applicants to FAU – Honors Program in Exceptional Student Education, may either waive or reserve their right to see this confidential evaluation after it has been completed. Please indicate your choice below before submitting this form to be completed.

☐ I waive the right to see this evaluation from after it has been completed

☐ I reserve the right to see this evaluation form after it has been completed

_____ _____

Signature Date

In compliance with Section 504 of the Rehabilitation Act of 1973, the person providing a letter of recommendation is asked not to refer directly or indirectly to the applicant's handicap or physical disability.

TO BE COMPLETED BY THE RECOMMENDER

To the Recommender: In considering applicant to the Honors Program in Exceptional Student Education, particular emphasis is placed on the comments from people with whom the applicant is personally acquainted. This form is intended to help you present information about the applicant.

Recommender's Name: _____

How long have you known the applicant? _____

In what relationship? _____

RATINGS OF ABILITIES AND KNOWLEDGE

Use the following rating scale to indicate your assessment of the applicant's abilities, skills and knowledge.

9-10	Exceptional abilities and/or potential
7-8	Very high abilities and/or potential
4-6	Moderate to average abilities and/or potential
2-3	Below average abilities and/or potential
0-1	Very poor abilities and/or potential
NA	Not aware of abilities in described area

_____ 1. Intellectual curiosity.

_____ 2. Ability to take initiative and effectively get things accomplished.

_____ 3. Ability to solve problems and make difficult decisions

_____ 4. Personal motivation level.

_____ 5. Ability to motivate other individuals

_____ 6. Written communication skills

_____ 7. Oral communication skills, both in groups and with individuals.

_____ 8. Ability to successfully complete graduate level work.

☐ I *Strongly* recommend that this student be admitted to the Honors Program in Exceptional Student Education

☐ I recommend with some reservation that this student be admitted to the Honors Program in Exceptional Student Education

My reservations are:

_____

_____

_____

_____

☐ I do not recommend that this student be admitted to the Honors Program in Exceptional Student Education

_____ _____

Signature Date

Please sign and return to:

Florida Atlantic University
Dr. Sharon M. Darling
HOOT Coordinator
Sdarlin4@fau.edu