

# Continuing Teaching License Program Recommendation for Admission

## Applicant

Please type or print in ink.

Name last first middle former names

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Permanent home address street city state zip

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Mailing address (if different from above)

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Phone Fax E-mail

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Name of reference

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Title Organization

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**Applicant's access waiver: Please note that the following waiver is not required as a condition of admission or for receipt of financial aid or any other services and benefits from the Lewis & Clark Graduate School of Education and Counseling.**

I waive my right, provided by the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment), to examine this letter.

Applicant signature Date

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## Recommendation Writer

Please type or print in the spaces below and complete both sides of this form.

*This recommendation may be included in an internship or practicum placement application.*

As a supervisor, you have been asked to serve as a reference for an applicant to the Continuing Teaching License Program at the Lewis & Clark Graduate School of Education and Counseling. Please respond to the questions below and provide a brief description of the candidate's performance in the three listed areas. (Please note that the applicant may see your letter unless he or she has signed the above waiver.) Thank you for your help.

- Yes  No Is the candidate currently under a full- or half-time licensed teaching contract?  
 Yes  No To my knowledge, the candidate is in good standing with respect to the Standards for Competent and Ethical Performance of Oregon Educators.

Please provide a brief description and appraisal of the candidate's professional performance in the following areas.

Assess the candidate's ability to create a constructive learning environment.

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*over*

Assess the candidate's understanding and integration of pedagogical principles and practices.

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Assess the candidate's professional and ethical performance.

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Yes  No If additional information regarding this candidate is desired, would you be willing to be contacted by phone?

Reference's name \_\_\_\_\_ Phone \_\_\_\_\_

Title \_\_\_\_\_ Organization \_\_\_\_\_

Address street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail this recommendation to:**

Office of Admissions, MSC 87  
Lewis & Clark Graduate School  
of Education and Counseling  
0615 S.W. Palatine Hill Road  
Portland, Oregon 97219-7899