

Teacher Intern Program Recommendation Form

Submit this form and all other materials by March 10th

**Psychology Department • California State University Northridge • 18111
Nordhoff Street • Northridge, CA 91330-8255**

A. APPLICANT: Please complete this section. Print legibly or type.

I do _____ do not _____ waive my right of access to this confidential letter of recommendation and similar evaluative statement received in connection with my application to the Psychology Department's Teacher Intern Program at California State University Northridge. I understand that I am not required to waive my rights to access these materials as a condition of receipt of any service or benefit provided by the campus, and that this waiver does not preclude my requesting the names of those individuals who provide confidential statements or evaluations.

Signature: _____

Date: _____

Printed Name: _____

B. RECOMMENDER: Please complete the following information and return it to the student in a sealed envelope with your signature across the sealed flap. A narrative letter may be attached to this form. Please note that your recommendation will not be reviewed by the applicant when waived by the above applicant.

How long and in what capacity have you known the applicant?

In comparison to other students whom you have known, how would you rate this applicant in terms of:

| | Superior 95-100% | Excellent 90-94% | Very Good 75-89% | Good 50-74% | Low 0-49% | Unable to Judge |
|-----------------------------------|---------------------|---------------------|---------------------|----------------|--------------|--------------------|
| Academic knowledge of major field | [] | [] | [] | [] | [] | [] |
| Ability to work with others | [] | [] | [] | [] | [] | [] |
| Ability to work independently | [] | [] | [] | [] | [] | [] |
| Writing Skills | [] | [] | [] | [] | [] | [] |
| Speaking Skills | [] | [] | [] | [] | [] | [] |
| Conceptual ability | [] | [] | [] | [] | [] | [] |
| Productivity | [] | [] | [] | [] | [] | [] |
| Receptivity to criticism | [] | [] | [] | [] | [] | [] |

Appreciation of diversity

Please comment below or in an accompanying letter on any of these categories or other areas that you think would be helpful in assessing the applicant's qualifications for the Teacher Intern Program.

Do you have any information related to the applicant's personal characteristics that should be considered by the admissions committee in assessing the applicant's capacity to fulfill his or her duties as a Teacher Intern?

Overall Recommendation

Strongly recommend Recommend Recommend with some reservations Do not recommend

Recommender's Name (Printed) _____ Date _____

Recommender's Signature _____

Recommender's Address _____ Telephone () _____

Form information regarding this form, please contact Gabriela Chavira, TIP coordinator, Department of Psychology.
Email: gchavira@csun.edu or at (818) 677-4821.