

## **Forms for Letters of Recommendation**

***Please note:***

This file contains two forms for letters of recommendation. Click the blue box to go to the form of choice. Both forms are offered for convenience, recommendations may also be submitted on letterhead. If the forms are used, additional pages may be attached if necessary. To print only one form, goto that page, then select “current page” from the print dialog box.

**1). General Recommendation Form**

The first is a general recommendation form and can be completed by the writer for a student in any major.

**2.) Education Recommendation Form**

The second form is for students in elementary or secondary education who have completed their student teaching. This form may completed by the student’s cooperating teacher in the school and the university supervising teacher.



UNIVERSITY OF MAINE  
AT PRESQUE ISLE

OFFICE OF COUNSELING AND CAREER SERVICES  
181 MAIN STREET  
PRESQUE ISLE, MAINE 04769-2888

# Recommendation Form

I would appreciate completion of this form, copies of which may be used in recommending me to prospective employers.

REGISTRANT: You *MUST* sign your name here or this recommendation cannot be accepted by our office.

\_\_\_\_\_  
*Signature of Registrant*

PLEASE USE TYPEWRITER OR PRINTER, THIS RECOMMENDATION WILL BE REPRODUCED BY MACHINE.

This office has adopted the policy of collecting **non-confidential references** in accordance with the Educational Rights to Privacy Act of 1974. The content may be reviewed by the candidate. The original will remain in the registrant's file in our office for five years or until we are instructed to destroy or remove the file. The recommendation will be duplicated and provided to prospective employers at candidate's or employer's request. Candidates may also keep a copy for his or her personal file.

Your frank and objective evaluation of this registrant's qualifications will be of considerable help in supporting this candidate's job search. Please comment concerning his or her personal assets, abilities, academic aptitude, achievements, industry, initiative, and cooperation. If this candidate is now employed, our inquiry does not necessarily indicate a contemplated change of position, but just an updating of his or her file.

<i>Name (last, first, middle)</i>	<i>Degree</i>	<i>Graduation Date</i>	<i>Major</i>

This recommendation is essential for completion of my credential file and should be returned at your earliest convenience. You may attach additional sheets if necessary. Send the completed recommendation directly to Counseling and Career Services at the address above or directly to candidate if instructed to do so.

Person completing form: \_\_\_\_\_  
(Name, typed) (Title) (Organization)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



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**Cooperating Teacher and  
University Supervisor  
Recommendation  
Form**

I would appreciate completion of this form, copies of which may be used in recommending me to prospective employers.

REGISTRANT: You *MUST* sign your name here or this recommendation cannot be accepted by our office.

\_\_\_\_\_  
*Signature of Registrant*

PLEASE USE TYPEWRITER OR PRINTER, THIS RECOMMENDATION WILL BE REPRODUCED BY MACHINE.

This office has adopted the policy of collecting **non-confidential references** in accordance with the Educational Rights to Privacy Act of 1974 and P.L. 93-380. The content may be reviewed by the candidate. The original will remain in the registrant's file in our office for five years or until we are instructed to destroy or remove the file. The recommendation will be duplicated and provided to prospective employers at candidate's or employer's request. Candidates may also keep a copy for his or her personal file.

The office maintains a credential file for each student who successfully completes his or her student teaching and wishes to enter the teaching profession. Please comment on your observation of the candidate's student teaching experience with respect to each of the following: (1) personal qualities, (2) planning ability, (3) relationship with students including classroom management, (4) knowledge of subject matter, (5) instructional technique, (6) professional attitude and behavior, (7) other areas that you deem important. Please feel free to attach additional pages as necessary.

<i>Name (last, first, middle)</i>	<i>Degree</i>	<i>Graduation Date</i>	<i>Major</i>

This recommendation is essential for completion of my credential file and should be returned at your earliest convenience. Send the completed recommendation directly to Counseling and Career Services at the address above or directly to candidate if instructed to do so.

Person completing form: \_\_\_\_\_  
(Name, typed) (Title) (School)

(Address)

(Signature)

(Date)