

Recommendation Form for Applicants to the Ed.D. in Instructional Leadership Program

APPLICANT

NAME (LAST, FIRST, MIDDLE INITIAL)

STREET ADDRESS

TELEPHONE NUMBER (INCLUDE AREA CODE)

CITY

STATE

ZIP CODE

E-MAIL ADDRESS

I waive the right to have access to recommendations submitted on my behalf.

APPLICANT SIGNATURE

DATE

INDIVIDUAL MAKING THE RECOMMENDATION

NAME (FIRST, MIDDLE, LAST)

TITLE & CURRENT AFFILIATION

Would you be available for a follow-up phone call to discuss this applicant? Yes No

If you answered "Yes," please provide the following information:

TELEPHONE NUMBER (INCLUDE AREA CODE)

Directions: In order for members of the Doctoral Admissions Review Committee to know more about each applicant's demonstrated characteristics and future potential related to instructional leadership, please complete the following information.

1. How long have you known the applicant?
2. In what capacity have you known the applicant (i.e., as a principal, department chair, superintendent)?

3. In your opinion, please indicate the applicant's ability to demonstrate (mark the correct box):

	Below Average	Average	Above Average	Superior
a. the capacity to undertake doctoral work				
b. the motivation and tenacity to complete a challenging academic program				
c. the interpersonal skills to be a successful leader in an educational setting				
d. the communication skills to address a variety of audiences				
e. the collaborative skills to work with individuals who have diverse perspectives				
f. the creativity to design and implement new programs				
g. the insight to apply successful solutions to educational problems				
h. the ethical and moral character expected of professional educators				
i. the teaching skills expected of an instructional leader				
j. the organizational skills to implement a complex project				
k. the writing skills needed to complete a dissertation				

Additional comments:

4. How has this individual taken an active leadership role in the district, school, or in his or her classroom? Please provide an example.

5. In which areas of personal or professional development could this individual continue to grow while pursuing this degree?

SIGNATURE

DATE

Return this completed form by **March 1** to: Doctoral Admissions Review Committee, Division of Graduate Studies, WCSU, 181 White Street, Danbury, CT 06810