



CATHERINE LEAHY BRINE EDUCATIONAL CONSULTANTS, INC.
98 RANDOLPH STREET
S. WEYMOUTH, MA 02190
781-331-8826

Letter of Recommendation for Admission to Licensure Programs

I. Applicant's Section

 Last Name First Name Middle Initial Maiden Name

 Home Street Address City State Zip

Circle Level of License Held: Preliminary Initial

List your field and level of license (eg. History 5-8) _____

Waiver Selection and Signature: Check one

- I waive the right provided by the Family Education Rights and Privacy Act of 1974 to view this letter of recommendation.
 I do not waive this right. I wish to retain the right to view this letter.

Applicant's Signature _____

II. Evaluator's Section

 Name of Person Making the Evaluation Last First Middle Initial

 Organization/Institution Relationship to Applicant: (eg. Principal; Colleague; former Instructor) How long have you known applicant?

 Business Address City State Zip

1. Please evaluate the applicant by checking the scales below, relative to other people you have known in a similar capacity.

	Excellent (Top 10%)	Above Average	Average	Below Average	No Opportunity to Evaluate
Intellectual Capacity					
Content Knowledge					
Interpersonal Skills					
Written Communication					
Oral Communication					
Leadership Ability					
Ethical Integrity					
Motivation/Initiative					
Promise as a Graduate Student					

2. Please attach a narrative that describe this applicant in terms of strengths and areas needing development; potential to achieve in graduate studies; special qualities or experiences that lend support to the applicant's acceptance into this licensure program.

3. Your signature _____