



# 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 \_\_\_\_\_