

**COMMUNITY RECOMMENDATION FOR ADMISSION  
TO THE  
ALICE LLOYD COLLEGE TEACHER EDUCATION PROGRAM**

Please provide information about the student named below using the following scale. Place the appropriate number in the parenthesis.

5=Strongly agree with statement      4=Agree with statement      3=Neutral/Undecided  
2=Disagree with statement      1=Not observed

If necessary, please use the back of this sheet to make additional comments. Thank you.

Student Applicant's Printed Name:

\_\_\_\_\_

- ( ) This is the kind of person I would want to teach my child or a child dear to me.
- ( ) This is the kind of person I would want to represent Alice Lloyd College in the teaching profession.
- ( ) This person has initiative and perseverance.
- ( ) This person is dependable and trustworthy.
- ( ) I recommend this person for admission to the Teacher Education Program.

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Relation to or connection with Candidate: \_\_\_\_\_

Comments:

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\_\_\_\_ I do not give up the right to see this reference.

\_\_\_\_ I do give up the right to see this reference.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_