**Department of Special and Early Education**

**Visual Disabilities Program**

**Attn: Stacy Kelly**

**Northern Illinois University**

**DeKalb, IL 60115**

**Certificate of Graduate Study / Assistive Technology Instructional Specialist**

**Letter of Recommendation to Supplement Application for Admission**

**to the Certificate of Graduate Study Program in Assistive Technology Instructional Specialist**

This section to be completed by the applicant before form is given to writer of recommendation:

Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public Law 93-380 permits the applicant to inspect this recommendation if the following waiver is not signed. I voluntarily waive my right to access this recommendation under Public Law 93-380 so that it may be kept confidential.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original signature of applicant

**Please rate the applicant. Compare with others of like experience and position. A letter may substitute for the portion of the form below, but should be attached to this form after the top portion is completed by the applicant.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Upper 5% | Upper 10% | Upper 25% | Upper 50% | Lower 50% | No Basis For Judgment |
| Knowledge of visual impairments (i.e., core domain knowledge areas such as anatomy of the eye, low vision, accommodations for people with visual impairments) |  |  |  |  |  |  |
| Assistive technology skills |  |  |  |  |  |  |
| Instructional technology skills |  |  |  |  |  |  |
| Instructional skills |  |  |  |  |  |  |
| Collaborative skills |  |  |  |  |  |  |
| Communication skills |  |  |  |  |  |  |
| Professional ethics |  |  |  |  |  |  |

Context in which I have known applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

General assessment of overall academic ability: Of the approximately \_\_\_\_\_\_\_ persons at a comparable educational or professional level that I have known in recent years, I would rate this applicant in the upper \_\_\_\_\_percent.

In addition, please write a statement below indicating your opinion of the applicant’s ability to achieve professional success as an Assistive Technology Instructional Specialist. Any pertinent information is valuable, but a specific evaluation of strengths and weaknesses is more helpful than general praise. Please use the space below and the reverse side if necessary.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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