



# CANDIDATE RECOMMENDATION FORM

## Educational Leadership Programs

Return to:  
 Canisius College Graduate Admissions  
 120 Lyons Hall  
 2001 Main Street  
 Buffalo, NY 14208

**DIRECTIONS TO THE CANDIDATE:** Please enter your name below and, in accordance with the Family Educational Rights and Privacy Act of 1974, sign one of the two statements below and deliver to the recommender.

CANDIDATE'S NAME \_\_\_\_\_

I waive my right of access to this statement \_\_\_\_\_  
 I retain my right of access to this statement \_\_\_\_\_

**DIRECTIONS TO THE RECOMMENDER:** The above named individual is applying to Canisius College for admission into the Educational Leadership program. We would appreciate your frank appraisal of the applicant's potential to be a successful administrator. Please use the following rating scale to evaluate each of the criteria:

1 (poor/deficient), 2 (below average), 3 (average), 4 (above average), 5 (outstanding), U (unknown)

Criteria	Rating
Ability to analyze information and to identify the important elements of a problem	
Ability to identify and act on educational priorities and to make sound decisions with the information at hand	
Ability to plan, schedule, and control activities and to use all available resources to their fullest	
Ability to recognize that a decision is required and to make it	
Ability to recognize that a group requires direction and to involve others in solving problems	
Ability to perceive the needs and concerns of others and to respond in a caring, supportive way	
Ability to perform under pressure without loss of effectiveness	
Ability to orally express one's thoughts clearly and persuasively	
Ability to write clearly and persuasively	
Knowledge of a broad range of subjects and involvement in activities that are unrelated to the job	
Desire to perform well in situations that challenge one's abilities	
Commitment to a coherent set of education priorities	

If you wish, you may attach additional comments that may assist the Educational Leadership Department in reaching its decision.

Signature of Recommender: \_\_\_\_\_  
 Name of Recommender: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 E-mail and Phone: \_\_\_\_\_  
 Date: \_\_\_\_\_