

Grow! Learn! Become!

CELA

Letter of Recommendation Form



A. To be Completed by the Applicant

Name (full): _____

Program of Study (check one):

- Intermodal Creative Arts Facilitator (ICAF)
 - Intermodal Creative Arts Therapist (ICAT)
 - Intermodal Creative Arts Educator (ICAE)
 - Expressive Writing Facilitator Certified (EWF-C)
 - Alternative & Holistic Healthcare Certificate
 - Music, Sound, & Soundscapes Certificate
 - Eco-Health Certificate
 - Eco-Health Care Certificate
 - Eco-Health Home Health Aide Certificate
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B. To be Read by the Applicant and the Recommender

Under the Family Rights and Privacy Act of 1974, students enrolled in The Center for Expressive Living & Creative Arts (CELA) programs have access to their admissions records including letters of recommendation. Students may waive their right to see letters of recommendation, however, whereupon such letters will be held in confidence. If the applicant has not signed a waiver, it is assumed that this letter is submitted with the recommender's understanding that the applicant, once enrolled and registered at The Center for Expressive Living & Creative Arts (CELA), may request to see the letter. The choice to retain or to waive right of access will not affect consideration of the applicant for admission. Be advised that a letter of recommendation not accompanied by a waiver form signed by the applicant is considered inaccessible by the applicant, according to the Family Educational Rights and Privacy Act of 1974.

- I retain my right of access to this recommendation
- I waive my right of access to this recommendation

Applicant Signature: _____ Date _____

C. To be Completed by the Recommender

Your Name

Your Address

City - State - Zip

Telephone

Alternate Telephone

Email

Additional Contact Information (optional)

CELA appreciates your recommendation for the above named applicant. The CELA recommendation is in two parts. The first part of the recommendation consists of responding to questions, some of which involve rating the applicant on a scale of 1 – 5, where 5 = "strong" and 1 = "least strong." The second part of the recommendation is the required narrative statement.

Thank you!

C. To be Completed by the Recommender (cont'd)

PART I

Please rate the applicant, to the best of your ability, in the following areas on a scale of 1 – 5, where 5 = "strong" and 1 = "least strong": (if unknown please put a "U" in the box)

Intellectual capability

Imagination or creativity

Written expression

Motivation for program

Oral expression

Personal maturity

Initiative

Reaction to criticism

Professional effectiveness

Sensitivity to others

C. To be Completed by the Recommender (cont'd)

Leadership ability

Professional competence

Academic potential

Research skills

Interpersonal skills

Computer skills

Time management skills

Independent worker

PART II

CELA requires all recommenders to write a narrative statement. Please address the following areas in your narrative:

- How long and in what capacity have you known the applicant?
- Comment on the applicant's ability to write clearly and effectively
- If English is not the applicant's native language, how would you rate his/her oral and written proficiency in English?

C. To be Completed by the Recommender (cont'd)

- What strengths and weaknesses of the applicant do you feel will most affect his/her potential for success in an online program setting?
- Any additional comments you would like to make about the applicant's capacity for academic work and his/her potential for a responsible and successful career

You may attach narrative pages to this form.

Please check one of the following:

- I strongly recommend this applicant I recommend this applicant
- I recommend this applicant with reservations

Recommender Signature _____ **Date** _____