

## Honoring Outstanding Owl Teachers (HOOT)

## Honors ]b h Y A U cf Dfc[fUa

Confidential Recommendation of Applicant

TO BE COMPLETED BY THE APPLICANT	
Applicant's Name:	
Applicant's Z-number:	
Pursuant to the Family Educational Rights and Privacy Act of Program in Exceptional Student Education, may either waive confidential evaluation after it has been completed. Please is submitting this form to be completed.	e or reserve their right to see this
I waive the right to see this evaluation from a	fter it has been completed
I reserve the right to see this evaluation form	after it has been completed
Cionakuwa	Data
Signature	Date

In compliance with Section 504 of the Rehabilitation Act of 1973, the person providing a letter of recommendation is asked not to refer directly or indirectly to the applicant's handicap or physical disability.

## TO BE COMPLETED BY THE RECOMMENDER

To the Recommender: Emphasis is placed on the comments from people with whom the applicant is personally acquainted for admission to the HOOT program. This form is intended to help you present information about the applicant.

Recommende	r's Nan	ne:		
How long hav	e you k	known the applicant?		
In what relation	onship?			
RATINGS O	F ABIL	ITIES AND KNOWLEDGE		
Use the follow knowledge.	wing rat	ting scale to indicate your assessment of the applicant's abilities, skills and		
C	9-10	Exceptional abilities and/or potential		
	7-8	Very high abilities and/or potential		
	4-6	Moderate to average abilities and/or potential		
	2-3 0-1	Below average abilities and/or potential Very poor abilities and/or potential		
	NA	Not aware of abilities in described area		
		1. Intellectual curiosity.		
		2. Ability to take initiative and effectively get things accomplished.		
		3. Ability to solve problems and make difficult decisions		
		4. Personal motivation level.		
		5. Ability to motivate other individuals		
		6. Written communication skills		
		7. Oral communication skills, both in groups and with individuals.		
		8. Ability to successfully complete graduate level work.		

	Exceptional Student Education	t be admitted to the Honors Program in
	I recommend with some reservation th Program in Exceptional Student Educa	at this student be admitted to the Honors
My reservatio	ons are:	
I do not recommend that this student be admitted to the Honors Program in Exceptional Student Education		
	Signature	Date

Please sign and return to:

Florida Atlantic University Dr. Sharon M. Darling HOOT Coordinator sdarlin4@fau.edu 777 Glades Road, 47/442 Boca Raton, FL 33431