

CAREER SERVICES

The University of Southern Mississippi ♦ 118 College Drive # 5014 ♦ Hattiesburg, MS 39406-0001
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↓ **To be completed by the student/alum requesting the letter of recommendation**

This form can be given to mentor teachers, student teaching supervisors, and/or school officials where you have taught.

Waiver Statement – Family Education Rights and Privacy Act

The student/alum may waive his/her right to review the letters of recommendation obtained with respect to an applicant for employment. Copies of recommendation letters will be forwarded upon request by an employer or the student listed on the signature line. Students/alumni maintaining access to their recommendation letter may read the letter in the Career Services office. It is Career Service's policy not to provide the student listed on the signature line with personal copies of the letters of recommendation.

Please initial the statement indicating your decision regarding the waiver access.

_____ **I waive MY access to this recommendation letter.**

_____ **I want to maintain MY access to the recommendation letter.**

Student/Alum Signature: _____ Student ID No.: _____ Date: _____

↓ **To be completed by the person writing the letter of recommendation**

_____, who has registered with The University of Southern Mississippi Career Services, is
 (print name of applicant)
 an applicant for a teaching position and has selected you to give information in regard to fitness for employment. If you are not well enough acquainted with the candidate to rate him/her on any particular item, please check corresponding space in "Unknown" column.

Qualities (check appropriate column)	Unknown	Poor	Below Average	Average	Above Average	Excellent
Classroom Presentations						
Reliability						
Cooperativeness						
Knowledge of Subject						
Teaching Techniques						
Skill in Discipline						
Pupil Relationships						
Parent Relationships						
Professional Attitude						

If this person has taught in your school system, indicate length of service: _____ to _____
 Month & Year Month & Year

Would you be willing to employ or re-employ the candidate?

SIGNED: _____ DATE: _____

PRINT NAME: _____ POSITION: _____

RELATIONSHIP TO STUDENT: _____ SCHOOL: _____
 (Instructor, employer, co-worker, etc.)

WORK NUMBER: _____ ADDRESS: _____

ADDITIONAL REMARKS reflecting on candidate's qualifications (optional):