

PROFESSIONAL RECOMMENDATION FORM**Instructions to the Applicant:**

Fill in the information in Section 1. Then, send this form to your Recommender to complete Section 2 and submit directly to the college (addresses at end). Recommendations sent in by the Applicant will be void.

SECTION 1**APPLICANT INFORMATION**

Last Name:

First Name:

Middle Name:

Birthdate:

Email:

Telephone Number:

The Family and Educational Rights and Privacy Act of 1974 (FERPA), as amended, guarantees student access to educational records concerning them, unless that right is waived. Waiving your rights is optional; however, you should check with your Recommender to ensure willingness to submit this form without the guarantee of confidentiality.

I hereby waive any rights to review this recommendation, and I give my permission for this recommendation to remain confidential between Edmonds Community College and the Recommender.

Electronic signature represents valid signature.

Signature of Applicant:**Date:****RECOMMENDER INFORMATION**

Last Name:

First Name:

Organization:

Position/Title:

Email:

Telephone Number:

SECTION 2**Instructions to the Recommender:**

This Applicant is applying for the Bachelor of Applied Science in Child, Youth, and Family Studies (BAS-CYFS) degree at Edmonds Community College. This is an interdisciplinary degree integrating Early Childhood Education and Social and Human Services, with a foundation in social justice, equity, and inclusion. Having your recommendation will assist the BAS-CYFS Admissions Committee with the selection process. Please answer the following questions and return the completed form, Sections 1 and 2, directly to the BAS-CYFS department (deadline and addresses at end).

1) How do you know the applicant and for how long?

2) Provide an example of this applicant in the work place that shows their strengths and potential for working with children, youth, and families of diverse populations.

3) How would this program enhance this applicant's professional growth?

4) Additional recommendations or comments on the applicant.

Please check the appropriate rating based on your evaluation of the applicant.

Characteristics	Above Average	Average	Below Average	Well Below Average	No Basis for Judgment
Interpersonal skills					
Active listening skills					
Time management skills					
Teamwork skills					
Stress management skills					
Problem-solving skills					
Verbal communication skills					
Written communication skills					
Demonstrates ethical behavior					
Self-awareness					
Cultural competency					
Integrity					
Reliability					

Electronic signature represents valid signature.

Signature of Recommender:	Date:
----------------------------------	--------------



**CHILD, YOUTH, AND FAMILY STUDIES
BACHELOR OF APPLIED SCIENCE APPLICATION FALL 2019**

Thank you for your recommendation.

Please either email or mail the completed Recommendation Form to the following addresses:

EMAIL:

cyfs@edcc.edu

MAIL:

Attn: BAS-CYFS Program Admissions
Edmonds Community College
20000 68th Ave. West
Lynnwood, WA 98036

DEADLINES:

Completed applications received by May 20, 2019 will receive first consideration. Applications received after May 20, 2019 will be reviewed based on space availability.

If you have any questions, please contact the Program Manager:

Teresa Lin | 425.640.1605 | teresa.lin@edcc.edu