

**ART TEACHING EMPHASIS
LETTER OF RECOMMENDATION**

To be completed by the student

Date: _____

Student's Name: _____

Within the art teaching emphasis I choose to certify in:

____ studio generalist ____ ceramics ____ Intermedia/sculpture
____ painting/drawing ____ photography/digital imaging

List any course you have had under the recommending instructor:

1. _____
2. _____
3. _____

To be completed by the instructor

Date: _____

Instructor's Name: _____

Instructor's Signature _____

Using the criteria below, indicate your assessment of the student by marking the scale of 1-5 with 5 being the highest.

	1	2	3	4	5
1. CREATIVITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. STRENGTH AS AN ARTIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. POTENTIAL AS AN ARTIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. CONCEPTUAL ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. VERBAL COMMUNICATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. DESIRE TO ENGAGE WITH PEOPLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. LEADERSHIP ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. COMMITMENT / SERIOUSNESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER COMMENTS:

