CONFIDENTIAL FACULTY RECOMMENDATION FORM

**OUTSTANDING LOWER DIVISION CHILD AND ADOLESCENT STUDIES STUDENT**

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 This student has been nominated and is competing for the annual Outstanding Child Development Student Award at the Lower Division level. This award recognizes the student at each class level who best exemplifies scholastic excellence, service to community, university, school, or department, and/or commitment to education.

**How to Submit Recommendation**

1. Save recommendation (PDF) as: Student’s Last Name\_Outstanding\_Lower\_Division\_Recommendation

2. Email completed recommendation to casawards@fullerton.edu. Email subject line: Student’s last name\_ Outstanding\_Lower\_Division\_Recommendation

**Deadline to submit is February 28th, 2025**

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Student's Name:

(Please check your selection)

1. In what capacity do you know the student? (Select as many as applicable)

[ ] Instructor [ ] Work/Internship Supervisor [ ] Faculty mentor (research)

[ ] Faculty mentor (CASSA) [ ]  Faculty mentor (Jumpstart)

2. How long have you known the student?

3. How well do you know the student?

[ ] 4 (very well) [ ] 3 [ ]  2 [ ] 1 (not well)

4. Compared to other students in your courses at CSUF, which category best describes the applicant in terms of academic performance?

[ ] Top 5% (of students) [ ] Top 10% [ ] Top 20% [ ] Top 30% [ ] 40% or above

[ ] No opportunity to judge or not applicable

5. Compared to other students in your courses at CSUF, which category best describes the

applicant in terms of involvement and participation in your course? (Participates in class discussion, attends class regularly, completes assignments, etc.)

[ ] Top 5% (of students) [ ] Top 10% [ ]  Top 20% [ ] Top 30% [ ] 40% or above

[ ] No opportunity to judge or not applicable

6. Compared to other students in your courses at CSUF, which category best describes the

applicant in terms of commitment to learning in your course?

[ ] Top 5% (of students) [ ] Top 10% [ ] Top 20% [ ] Top 30% [ ] 40% or above

[ ] No opportunity to judge or not applicable

7. How strongly do you believe this student should receive this award?

[ ] 4 (very strongly) [ ] 3 [ ] 2 [ ] 1 (not strongly)

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Student's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. You may include additional comments regarding the qualifications of the candidate for this award below or in a supporting letter. Additional comments are optional.

Additional Comments:

Your Name: Position Title and Organization:

Email: Telephone: Date:

If you have any questions, please contact Dr. Joyce Lin at joycelin@fullerton.edu.