

RECOMMENDATION FORM FOR TEACHER EDUCATION PROGRAM

RECOMMENDATION FOR _____ Major(s) _____

The above student has given your name as the professor who can best evaluate his or her professional potential for success in entering a Teacher Education Program. The student will have access to this reference upon request. Thank you for your response.

Student Attribute	Below Average	Average	Above Average	Superior	N/A
1. Student takes responsibility for own actions and consequences of those actions. Student directs own life in positive ways. Has confident presence.					
2. Oral Communication Skills – Correct Standard English usage & socially appropriate communication.					
3. Written Communication Skills – Correct Standard English usage; organizes information well; and can analyze information effectively.					
4. Numeracy Skills – Effectively utilizes basic mathematic and algebraic knowledge and skills.					
5. Knows and practices socially appropriate interpersonal skills. Shows appropriate concern for others. Can motivate others to work in positive ways.					
6. Originality – creativity; can think of alternate ways to approach tasks; flexible.					
7. Initiative – Appropriately seeks to improve processes and complete community work.					
8. Industriousness – works hard but efficiently; uses time efficiently; meets deadlines; is punctual; can prioritize; regular attendance.					
9. Organizational Skills – Organizes work in ways that facilitate completion; detail oriented; methodical.					
10. Honest, has integrity.					
11. Handles stress in appropriate, positive manner; proactive in reducing own stress.					
12. Possesses breadth and depth of content knowledge. Demonstrates understanding of major concepts of this discipline					
13. Possesses a range of inquiry and research skills and the ability to use those skills to acquire, evaluate and utilize information productively.					
14. Can analyze, evaluate and synthesize information. Engages in critical thinking.					
15. Is achievement oriented.					
16. Demonstrates love of/excitement about learning.					

COMMENTS:

How well do you know the candidate: Slightly Average Fairly Well Very Well

I would want this person to teach my child: Strongly Agree Agree Disagree
 Strongly Disagree Uncertain at this time

Signature _____ Date _____

Full Time Faculty Name _____ Department _____
 (please print)

Please return this form to the Education Department (mailbox 1072) as soon as possible.