

Applicant Recommendation Form

Applicant's Name: _____

Program applying for (check one):

UG TEP ____ BA/MAT ____ BA/MEd ____ BA/MS ____ PBTL ____ MAT ____ MEd ____ MS ____

The student whose name appears above is applying to the Teacher Licensure Program and must obtain recommendations from people who can speak to their professional or academic work ethic. Please rate the applicant on the following criteria based on your knowledge at this time.

Evaluation Scale:

- 4 – Yes, consistently
- 3 – Yes, most of the time
- 2 – Yes, but infrequently
- 1 – No, he/she does not

Please rate the degree to which the individual demonstrates each of the following:

- _____ The individual values the role that educators, family, and the community play in learning and growth
- _____ The individual displays persistence and encourages persistence in others
- _____ The individual values and respects difference in human diversity
- _____ The individual models respectful and professional communication skills (orally and in writing)
- _____ The individual is a thoughtful and responsive listener
- _____ The individual demonstrates the ability to be a collaborative team member
- _____ The individual demonstrates the ability to be flexible in changing circumstances
- _____ The individual takes responsibility by reflecting on his or her performance
- _____ The individual demonstrates the ability and enthusiasm to be a life-long learner
- _____ The individual demonstrates integrity and honesty
- _____ The individual demonstrates a positive attitude toward learning and professional growth
- _____ The individual demonstrates responsibility and initiative in his or her work
- _____ The individual demonstrates the stability and equilibrium likely to be successful in the education profession

Additional Strengths:

Additional Weaknesses:

Printed Name: _____ **Date:** _____

Signature: _____

Position: _____