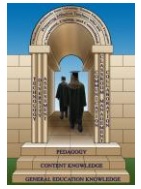




SCHOOL OF EDUCATION



Teacher Education Program Recommendation for _____ ID# _____
(applicant name)

Note on confidentiality: Applicants will not have access to their application records. Pursuant to the Family Rights and Privacy Act of 1974, these records are temporary. After the process is complete, these forms do not become part of the student's permanent educational record.

Instructions: Please circle 3, 2, 1 or N/O for each statement.
3 = Strongly Agree; 2 = Agree; 1 = Disagree; N/O = Not Observed.

Table with 5 columns: Statement, 3, 2, 1, N/O. Rows include: Demonstrates good work habits, Shows ability and willingness to adapt to planned and unplanned aspects of teaching/learning, etc.

In what capacity do you know the applicant? _____ Advisee _____ Instructor

If you have taught the applicant, please list courses taught. _____

Please answer the appropriate question below:

Do you recommend this candidate be accepted for Admission to the Teacher Education Program? ___Yes ___No

Do you recommend this candidate be accepted for the Internship? ___Yes ___No

Signature of Evaluator

Name of Department

Date

Return to: Ms. Delilah Henderson, Field Placement Officer HMH 122A 349-1414 delilah.henderson@opsu.edu