



Teacher Education Program Recommendation for \_\_\_\_\_ ID# A \_\_\_\_\_  
(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.

<b>Instructions: Please circle 3, 2, 1 or N/O for each statement. 3 = Target; 2 = Acceptable; 1 = Unacceptable; N/O = Not Observed.</b>				
<b>* Identified as Critical Dispositions by the EPP</b>				
* Demonstrates good work habits (good attendance, punctuality, time management, neat/orderly, develops goals and strong work ethic, values others' time, appropriate hygiene & dress)	3	2	1	N/O
* Demonstrates a positive attitude and love of learning	3	2	1	N/O
* Displays confidence in his/her own knowledge and skills	3	2	1	N/O
* Honest and trustworthy	3	2	1	N/O
* Self-reliant and demonstrates problem-solving behavior	3	2	1	N/O
* Appreciates and shows empathy for the worth and diversity of all humans	3	2	1	N/O
* Aware of ethical, political, social and environmental issues and obligations	3	2	1	N/O
Prepared for class	3	2	1	N/O
Submits completed, acceptable assignments	3	2	1	N/O
Participates in class discussions	3	2	1	N/O
Works cooperatively with peers	3	2	1	N/O
Demonstrates an appropriate level of energy to work with students	3	2	1	N/O
Communicates effectively--verbally	3	2	1	N/O
Communicates effectively--written	3	2	1	N/O
Respects authority	3	2	1	N/O
Shows ability and willingness to adapt to planned and unplanned aspects of teaching/learning	3	2	1	N/O
Speaks/Acts with forethought	3	2	1	N/O
Exhibits ability to work independently	3	2	1	N/O
Uses humor appropriately	3	2	1	N/O
Maintains self-control	3	2	1	N/O
Accepts and acts upon constructive criticism	3	2	1	N/O
Takes the initiative to do more than minimal requirements	3	2	1	N/O
Seeks help when failing to understand	3	2	1	N/O
Manifests qualities appropriate to work with public school students	3	2	1	N/O

In what capacity do you know the applicant? \_\_\_\_\_ Advisee \_\_\_\_\_ Instructor

If you have taught the applicant, please list courses taught. \_\_\_\_\_

Please answer the question below:

Do you recommend this candidate be accepted for Admission to the Teacher Education Program? \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Signature of Evaluator

\_\_\_\_\_  
Name of Department

\_\_\_\_\_  
Date