

DEPARTMENT OF EDUCATION

Clinical Teaching Recommendation Form

Name of Student: _____

The above Student is applying for Clinical Teaching. Please comment concerning the academic and personal qualities of this student. Return the completed reference form to Certification Officer in the Education Department.

Indicate your assessment of the student by using the following numbers:

5 = Exceeds Expectation

3 = Meets Expectation

1 = Below Expectation

0 = Unsatisfactory

Possesses necessary academic knowledge _____

Exhibits commitment to scholarship and life-long learning _____

Possesses necessary analytical and critical thinking skills _____

Able to present ideas both orally and in writing _____

Shows problem-solving ability _____

Adapts to changing work assignments and situations _____

Able to cooperate and work with others _____

Listens and carries out instructions _____

Works effectively without close supervision _____

Meets deadlines and schedules/ maintains good attendance _____

Demonstrates ability to seek appropriate help _____

Accepts responsibility and takes initiative _____

Exhibits interest, enthusiasm, and dedication _____

Maintains appropriate dress and grooming habits _____

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Do you think the applicant is suited for Teacher Certification?

Comment on any of the above factors that might bear upon the applicant's ability to be successful as a classroom teacher including scholarship, motivation, enthusiasm, interpersonal skills, adaptability, resourcefulness and communication skills.

How long have you known the applicant? _____

In what capacity? _____

Name _____

Department _____

Signature

Date _____