

The School of Education & Professional Studies



To be completed by applicant:

Name _____ Date of Birth _____

Email Address _____ Phone _____

To be completed by recommender:

Name _____ Position _____

Email Address _____ Phone _____

How long have you known the applicant? _____

In what capacity? _____

Please rate the applicant's potential in the following areas in comparison to others you have observed or known. A candid evaluation of this candidate's potential as a teacher will be most helpful. The recommendation must be a signed original to be accepted.

Candidate's:	Highest 10%	Next Higher 20%	Next Higher 20%	Bottom 50%	Unable to Judge
Academic Ability					
Mastery of subject matter					
Oral communication skills					
Written communication skills					
Intellectual potential					
Character					
Responsibility					
Maturity					
Leadership ability					
Honesty					
Work Ethic					
Ability to work with other adults					
Ability to work with children/youth					
Motivation to become a teacher					
Suitability for teaching					

Signature _____ Date _____

Please comment on the applicant's strengths and weaknesses on the back of this form or on a separate sheet.

THANK YOU FOR YOUR FEEDBACK