Faculty Recommendation
Admission to Educator Preparation Program

Name of Applicant:       Student Id:
Major of Applicant:
Minor of Applicant:

Faculty members name (print): _________________________________________________________

Please complete the following recommendation form for Admission to the Educator Preparation Program based on your observations of, and interactions with this student.

Please circle the rating that applies to each item and add comments.

Above average = 3   Average = 2   Needs Improvement = 1   N/E = cannot evaluate

**Scholarship:**
Knowledge of subject
Comments:

**Communication:**
Written Expression
Oral Expression
Comments:

**Personal Characteristics:**
Responds positively to constructive criticism
Responsible/Punctual
Interacts productively with others in/out of class
Comments:

Faculty Signature: ________________________ Date: _______________________

The faculty member completing this recommendation should return this form to WEB 203 Attn: Coordinator of Admission to Teacher Education. By October 1st or February 15th.