

GRADUATE APPLICANT’S PERSONAL REFERENCE FORM
(to be completed by supervising administrator)



Department of Early Childhood/Elementary Teacher Education
The Teachers College

_____ has made application for admission to the Master of Science – Early Childhood Unified graduate program at Emporia State University. Using the following scale, please indicate your judgment regarding his/her professional attributes. All responses will remain confidential.

3 – almost always 2 – usually 1 – almost never 0 – insufficient information

The applicant . . .

- | | | | | |
|---|---|---|---|--|
| 3 | 2 | 1 | 0 | 1. has command of the subject matter in his/her teaching fields. |
| 3 | 2 | 1 | 0 | 2. understands the processes of learning and the dynamics of behavioral change. |
| 3 | 2 | 1 | 0 | 3. knows where and how to find information. |
| 3 | 2 | 1 | 0 | 4. practices modeling behaviors consistent with his/her beliefs. |
| 3 | 2 | 1 | 0 | 5. is flexible and innovative. |
| 3 | 2 | 1 | 0 | 6. plans thoroughly, is resourceful, creative and motivating. |
| 3 | 2 | 1 | 0 | 7. is skillful and fair in assessment of learning accomplished. |
| 3 | 2 | 1 | 0 | 8. is skillful in working with colleagues and parents. |
| 3 | 2 | 1 | 0 | 9. provides a constructive, healthy and positive environment for learning. |
| 3 | 2 | 1 | 0 | 10. has a continued interest in professional responsibilities and opportunities. |
| 3 | 2 | 1 | 0 | 11. recognizes and attempts to meet the needs of individuals. |
| 3 | 2 | 1 | 0 | 12. is ethical in professional relationships. |
| 3 | 2 | 1 | 0 | 13. communicates clearly orally and in writing. |
| 3 | 2 | 1 | 0 | 14. overall rating of the applicant. |

Comments: (use back if needed)

On the basis of his/her overall qualifications, I would recommend applicant for admission to a graduate education program at Emporia State University. Yes_____ No_____ With reservation_____ I would be pleased to consider this applicant for a position other than the one now held if he/she were academically qualified. Yes_____ No_____ Does not apply_____

Signature

Name (print or type)

Position, district

Address, city, zip

Date

PLEASE RETURN THIS COMPLETED FORM TO:

Department of Early Childhood/Elementary Teacher Education
Emporia State University
1200 Commercial
Emporia, KS 66801-5087