

EMPORIA STATE UNIVERSITY
FACULTY EVALUATION - ADMISSION TO TEACHER EDUCATION (PHASE II - SECONDARY)

To: _____ For: _____ Social Security No. _____
(name of reference) (name of student)
Date: _____

Candidates applying for Phase II must obtain 5 recommendations:

Reference Category: Phase I Professor (need 2 total) _____ Teaching Field Professor _____
Please Check One. Methods Professor _____ General Education Professor _____

Circle the number which best describes the candidate's characteristics. In the blank area for each, feel free to add comments which will support the rating given.
5-Excellent 4-Very Good 3-Average 2-Below Average 1-Unacceptable LE (limited evidence)

1. **Knowledge of Subject Matter** in Evaluator's Subject Area 5 4 3 2 1 LE
Comments:

2. **Communication.**
a. written: Includes the ability to write legibly, logically, coherently, and fluently, using 5 4 3 2 1 LE
conventional grammar, usage, spelling, and mechanics.
b. oral: Includes the ability to speak fluently, clearly, confidently, and logically, and the 5 4 3 2 1 LE
ability to listen to and respond to the oral communication of others.

Comments:

3. **Relationships with Others.** May include aspects of cooperation, openness and honesty, courtesy, enthusiasm, 5 4 3 2 1 LE
empathy, cordiality, friendliness.
Comments:

4. **Personal Responsibility.** May include ability to assume and carry out tasks, personal integrity, commitment, 5 4 3 2 1 LE
dependability, self-direction, initiative, perseverance, professional appearance.
Comments:

5. **Attendance and Punctuality.** 5 4 3 2 1 LE
Comments:

6. **Potential for becoming an effective teacher,** including professional attitude, lesson planning, lesson 5 4 3 2 1 LE
presentation, assessing student progress, classroom management.
Comments:

On the basis of my professional judgment this student should be: (check one of the following)

_____ Admitted _____ Admitted conditionally _____ Not admitted

Comments:

Submitted by _____ Date _____
signature

Candidate should complete this box before giving this form to reference writer. If this box is not completed the form will be regarded as one to which the candidate has waived the right to review. I understand that the decision to waive the right to review my file is irreversible. (Check One)

_____ I retain the right to review this reference.
_____ I waive the right to review this reference.

Signature of Candidate Date