

Recommendation Form for the Bachelor of Science Teacher Education

<u>To the Applicant</u>: Please fill in the following information and give this form to an individual who is familiar with your academic work, personal character and/or ability to work with children and/or youth.

Name		
Last	First	Middle Initial
Application Date (circle one)	Fall(year) or Spring	(year)
Biology (6	al Student Education	English Education Mathematics (6-12)Middle School Science
to inspection upon request un your wish by completing and s	nless the student has waived t	iles, such as recommendation forms, are open ne right of access in advance. Please indicate
Applicant's signature		
•	tially sealed envelope to the	aluation of the applicant named above. Please applicant so he or she can include it in the
	Dr. Gina McAllis	ter
	Chipola College	e
	3094 Indian Circ	le
	Marianna, Fl. 32	446
We are aware of the time and	care necessary to prepare thi	s evaluation and gratefully acknowledge your

assistance.

Place a check in the box that most nearly matches your evaluation of the applicant's ability in this area.

	Excellent	Above Average	Average	Below Average	Unable to Evaluate
Maturity					
Self-Confidence					
Motivation					
Initiative					
Oral English					
Skills					
Written English					
Skills					
Trustworthiness					
Interpersonal					
Skills					
Potential as a			_		
teacher					

In the space below or in an attached letter, please add statements concerning the applicant's aptitude for teaching.

Are you related to the applicant? If yes, H	low?					
How long have you known the applicant?						
In what capacity do you know the applicant?						
						NoYes (Please explain)
Name of Evaluator (Please print)	Signature					
Position /Title						
Address						