



Be an Educator!

FACULTY RECOMMENDATION FORM: ADMISSION TO EDUCATION

| Student's Name: | | Net ID: | Date: | |
|---|--|--|---|--|
| Faculty Reviewer's Name: | | Reviewer's Phone: | | |
| You should compare | e this student's per | the student on the following elements from of formance to someone who has completed and her (i.e. many ratings may be below 3). Plea | educator preparation program and is | |
| Teacher Quality S | Standard & Elem | ent | | |
| | , | nal Understanding/Application), $2 = Partially$ | · • | |
| | | d (often exceeds standard), 5 = Exemplary (c | onsistently exceeds standard) | |
| Element Rating | Description | | | |
| TQS1.C | evidence-based | ers demonstrate knowledge of the content, coinstructional practices, and specialized characteristics. | cteristics of the disciplines being taught. | |
| TQS2.B | of diversity, wh | hers demonstrate an awareness of, a commitr le working toward common goals as a comm | nunity of learners. | |
| TQS3.D | Pre-service teachers establish and communicate high expectations and use processes to support the development of critical-thinking and problem-solving skills. | | | |
| TQS3.F | | hers model and promote effective communic | | |
| TQS4.A | Pre-service teac | hers demonstrate high standards for profession | onal conduct. | |
| Program Disposit | tion & Element | | | |
| Rating Scale: 1 = Stop! (Severe Concern), 2 = Caution! (Growth Opportunity), 3 = Go! (Satisfactory Performance), 4 = Cruise Control! (Excellent Performance) | | | | |
| Element Rating | Description | | | |
| PDA.1 | | pproaches situations with an open mind. | | |
| PDB.2 | Demonstrates the emotional intelligence required of professional educators. | | | |
| PDB.3 | | odels an excitement for teaching and learning. | | |
| PDC.1 | | ends on time and remains for the duration. | | |
| PDC.3 | Works effective | s effectively with appropriate supervision. | | |
| PDD.2 | Articulates own opinions, feelings, and needs while demonstrating sensitivity to others' opinions, feelings, and needs. | | | |
| | | | | |
| Please Select One: | | Comments/Justification: | | |
| ☐ Recommend Admission | | | | |
| ☐ Recommend with Reservations | | | | |
| ☐ Do Not Recommend | | | | |
| | | | | |
| Signature of Faculty Member | | | Date | |
| | | | | |