

**TEACHER EDUCATION REFERENCE FORM****THIS SECTION IS TO BE COMPLETED BY THE APPLICANT**

Applicant Name _____ Date of birth _____

Last four digits of SSN _____

Check one:

☐ I waive my right to access the letter of recommendation under the Family Education Rights and Privacy Act of 1974.☐ I retain my right to access the letter of recommendation under the Family Education Rights and Privacy Act of 1974.

Signature of applicant _____ Date _____

THIS SECTION IS TO BE COMPLETED BY THE EVALUATOR

Name _____ Title _____

Signature _____ Date _____

Organization _____ Phone _____

Address _____
STREET CITY STATE ZIP

How long have you known the applicant? _____

In what relationship? _____

Please compare the applicant to other professionals in his/her field using the scale below.

	Exceptional	Above Average	Average	Below Average	No basis for judgment
Intellectual ability					
Communication skills - verbal					
Communication skills - written					
Interest and enthusiasm for teaching					
Interpersonal skills					
Emotional maturity					

PLEASE CONTINUE TO THE REVERSE SIDE

IN YOUR OPINION, DOES THIS CANDIDATE EXHIBIT STRONG POTENTIAL FOR SUCCESS AS A TEACHER? ON WHAT EVIDENCE DO YOU BASE YOUR OPINION? PLEASE COMMENT BELOW:

[illegible]

CHECK ONE

- ☐ I recommend the applicant for the teacher education program at Fresno Pacific University.
- ☐ I recommend the applicant for the teacher education program at Fresno Pacific University with minor reservations.
- ☐ I recommend the applicant for the teacher education program at Fresno Pacific University with major reservations.
- ☐ I do not recommend the applicant for the teacher education program at Fresno Pacific University.

PLEASE COMMENT ABOUT YOUR RESERVATIONS:

[illegible]