

TO BE COMPLETED BY THE STUDENT UPON APPLICATION TO THE DEPARTMENT

Student Name _____ Hope ID _____

Declared Major _____ Declared Minor _____

Level of Certification: Early Childhood Elementary Secondary Elementary SPED Secondary SPED K-12

I have waived my rights to see the reference I reserve the right to see this reference

Student Signature _____ Date _____

To be completed by the Recommending Faculty Member

Please return to the Education Department (education@hope.edu)

Name _____ Department _____

How long have you known this student? _____ In what capacity? _____

Please rate the above named student on the following qualities and characteristics

Professional Behaviors	Exceeds Expectations	Meets Expectations	Developing Expectations	Does Not Meet Expectations	Not Observed
Consistent Class Attendance					
Participation in discussion and/or class activities					
Written expression skills					
Professional Dispositions					
Demonstrates responsibility and maturity					
Demonstrates respect					
Displays a positive attitude					
Demonstrates a commitment to all students					
Demonstrates personal integrity					
Demonstrates equity					
Demonstrates passion for teaching					
Demonstrates perseverance					

Please check your appropriate level of recommendation:

- Recommend with enthusiasm Have concerns
 Recommend Do not recommend

Additional comments on the student concerning levels of maturity, respect, mental alertness, social skills, appearance, etc. (continue on separate page if necessary)

Signature _____ Title _____ Date _____
Electronic signature accepted

DUE BY: 1st Friday in October for All Semester: 1st Friday in March for Spring Semester