

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