

EXPERIENCES LEADING/ASSISTING GROUPS OF CHILDREN/YOUTH
(Non-Confidential)

NAME: _____ **CREDENTIAL OBJECTIVE:** _____

This individual has made application for admission to our Teacher Education Program. The applicant has indicated that he/she has worked with children/youth class/group(s) under your supervision. One of the criteria for admission to the program is successful work experience with children and youth (either paid or volunteer). Please indicate below your evaluation of the candidate's potential as an effective teacher.

NAME OF GROUP/SCHOOL

ADDRESS

Number	Street	City	State	Zip
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DESCRIPTION OF WORK RESPONSIBILITIES:

How long has the applicant worked with you or under your supervision? _____ (years/months)

Approximate number of hours experienced:

- _____ in regular classroom _____ hours
- _____ in specialized instruction only (e.g., PE, Music, Special Education, Preschool, etc.) _____ hours
- _____ in day care program, only _____ hours
- _____ in other capacity (please specify) _____ hours

Approximate number of TOTAL HOURS work experienced: Total: _____ hours

- SCALE:**
- 5. Outstanding (excellent)
 - 4. Above Average (very good)
 - 3. Average (satisfactory)
 - 2. Needs to Improve
 - 1. No opportunity to Judge

Please use the scale to the left in evaluating the applicant for the characteristics and abilities listed below.

PERSONALITY CHARACTERISTICS

_____ Emotional stability _____ Initiative _____ Sense of humor _____ Enthusiasm _____ Poise & self-confidence _____

GENERAL ABILITY

- _____ Uses sound judgment. Considers alternatives and consequences before acting.
- _____ Shows resourcefulness, creativity, and originality.
- _____ Accepts criticism and suggestions.
- _____ Shows ability to be flexible and adjust to new, changing or crises situations.
- _____ Demonstrates a sense of social responsibility and dedication in working with children and youth.

If you had a son or daughter, would you be happy and confident in trusting them to this applicant's leadership and influence for an entire school year? _____

ADDITIONAL COMMENTS: _____

Please check your recommendation on program admission:

- _____ Strongly recommend _____ Recommend _____ Recommend with some reservations _____
Do not recommend at this time _____

_____ / _____
Print Name Official Position Signature Date

RETURN TO STUDENT: This form(s) must be included in your application packet.

STUDENTS: You may make copies of this form.