STUDENT NAME: ___________________________________ CREDENTIAL OBJECTIVE: Multiple Subject
One of the criteria for admission to the program is successful experience working with children and youth (either paid or volunteer). Please indicate your evaluation of the candidate’s potential as an effective teacher during his/her hours of classroom observation, below.

NAME OF SCHOOL: ___________________________________ GRADE: _____

DISTRICT/COUNTY: ___________________________________ Phone #:____________________

DESCRIPTION OF CANDIDATE RESPONSIBILITIES:
_____________________________________________________________________

How long has the candidate worked in a general education classroom under your supervision? _________ hours
_____ in specialized instruction only (e.g., PE, Music, Art, Special Education, EL, etc.) _________ hours
_____ In any other capacity (please specify): _________ hours

Approximate number of TOTAL HOURS experienced: Total _________ hours

Using the following 5-point scale, evaluate the candidate on the dispositions and abilities listed below

5. Outstanding (excellent)
4. Above Average (very good)
3. Average (satisfactory)
2. Needs to Improve
1. No Opportunity to Judge

DISPOSITIONS
Responsible _______ Organized _______ Responsive _______ Enthusiastic _______ Flexible _______

GENERAL ABILITY
_____ Uses sound judgment. Considers alternatives and consequences before acting
_____ Shows resourcefulness, creativity and originality
_____ Reflects upon classroom practices and accepts criticism and feedback, thoughtfully
_____ Demonstrates a commitment to just, equitable, and inclusive education
_____ Takes initiative

If you had children, would you entrust them to this candidate’s influence and instruction for a school year? Yes  No  Maybe

ADDITIONAL COMMENTS: _______________________________________________________________________

Please check your recommendation for program admission:
Strongly recommend_____ Recommend_____ Recommend with reservations_____ Do not recommend at this time_____

/ ___________________________________ / ___________________________________
Supervising Teacher Name Signature Date

Contact information required for verification purposes.

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Candidates must keep a copy of this form for their application to the credential program.