

Single Subject Credential Program

Candidate Recommendation Form

The person named below is an applicant to the Single Subject Credential Program at California State University, Fresno. The Single Subject Credential Program prepares prospective teachers to teach in specific content areas. Please indicate your judgment of the applicant's qualifications for the teaching profession by completing this form. This recommendation may be seen by the applicant and will be used by the selection committees of the Single Subject Credential Program as part of the criteria for admission.

Applicant's Name:	Credential Subject Area:
Name of Evaluator:	Telephone & Email of Evaluator:
In what capacity do you know the applicant?:	How long have you known the applicant?

Thinking of this person as a candidate for the teaching profession, please rate them in the following areas:

	Have no Information	Exceptional	Very Good	Good	Poor
General Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subject Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapport with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapport with Instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Based on your experience, do you think this person has the potential to be an effective secondary teacher?

YES NO If no, please explain:

Evaluator's Signature:	Date:
Evaluator's Position/Title:	Evaluator's Place of Employment:

Directions to Evaluator: Enclose this completed form within a sealed envelope and sign your name across the seal. You may give the sealed envelope directly to the student or scan and email to ephillips@csufresno.edu