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**Student Teaching Recommendation Form**

Each student must acquire a recommendation from a Tusculum College faculty members from the School of Education in order to student teach. The Teacher Education Department requests that you use the rating scale below to provide information that will be used in the process of evaluating the student’s readiness for student teaching.

*Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_ I.D. Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Program: BAED\_\_\_\_ MAT \_\_\_ Residential \_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the student: Please check one of the following statements**

\_\_\_\_\_\_\_ I waive my right of confidentially on this document

\_\_\_\_\_\_\_ All information contained on this document must remain confidential and may not be released.

Rate the student as follows: 5=Exceptional/ 4= Above Expectations/ 3= Meets Expectations/ 2= Below Expectations/ 1= Unsatisfactory/ 0= Not enough information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 5 | 4 | 3 | 2 | 1 | 0 | Knowledge of Academic Content (CP1) |
| 5 | 4 | 3 | 2 | 1 | 0 | Knowledge of Pedagogical Practices (CP2) |
| 5 | 4 | 3 | 2 | 1 | 0 | Skill in Utilizing and Assessing Impact of Pedagogical Practices (CP2) |
| 5 | 4 | 3 | 2 | 1 | 0 | Skill in Planning and Providing Standards-Based Instruction (CP3)  |
| 5 | 4 | 3 | 2 | 1 | 0 | Skill in Using Technology to Facilitate Learning (CP4)  |
| 5 | 4 | 3 | 2 | 1 | 0 | Acceptance of Individual and Cultural Diversity (CP5) |
| 5 | 4 | 3 | 2 | 1 | 0 | Skill in Planning Instruction for Diverse Learners (CP5) |
| 5 | 4 | 3 | 2 | 1 | 0 | Ability to Foster Professional Relationships (CP6)  |
| 5 | 4 | 3 | 2 | 1 | 0 | Ability to Reflect on His or Her Choices and Actions (CP6) |
| 5 | 4 | 3 | 2 | 1 | 0 | Overall Impression of Candidates Readiness for Student Teaching  |
| 5 | 4 | 3 | 2 | 1 | 0 | Adherence to Dress Code (Public Schools) (CP6) |

**Overall recommendation for admission to student teaching (please check one)**

 **\_\_\_Recommend Enthusiastically (3)**

 **\_\_\_Recommend (2)**

 **\_\_\_Recommend with reservation (1)**

 **\_\_\_Do not recommend (0)**

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Evaluator’s Name/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty: Return the completed form to the following:**

 **Residential- Mary Kay Munson, P.O. 5025**

 **BAED/MAT- Janie Perry, P.O. 5008**