

**RECCOMENDATION FORM FOR ADMISSION
ELEMENTARY EDUCATION PROGRAM**
DEPARTMENT OF EDUCATION, UNIVERSITY OF MINNESOTA DULUTH

TO BE COMPLETED BY SUPERVISOR OF TEACHER CANDIDATE

Name of Teacher Candidate: _____

Name of Supervisor: _____ Date for Experience: _____

Start End

Number of Hours Student Participated in This Experience: _____

Please Rate the Teacher Candidate and Provide Examples Low.....High 1 2 3 4 5	Things Candidate Did Well (examples)	Things Candidate needed to Improve (examples)
How did the teacher candidate Relate to students? 1 2 3 4 5		
How did the teacher candidate relate to supervisors and other adults? 1 2 3 4 5		
How did the teacher candidate relate to peers? 1 2 3 4 5		

Describe the setting and the type of experience in which you have observed the teacher candidate working/interacting with children:

Describe the children with whom the teacher candidate worked (for example, the socio-economic background they come from, their race, ethnicity, gender, academic/behavioral qualities, etc.):

Comment on any other strengths/weaknesses of the teacher candidate:

OVERALL RECOMMENDATION:

_____ Very strongly recommend

_____ Strongly recommend

_____ Recommend

_____ Recommend with reservation

_____ Do not recommend

Supervisor's Name

Institution

Position

Supervisor's Signature

Date

Address

Phone Number

Email

Please circle one: I am I am not related to this teacher candidate.

PLEASE RETURN RECOMMENDATION FORM TO TEACHER CANDIDATE