DICKINSON COLLEGE
Recommendation for Admission to Teacher Certification Program
(At least "two" of the three letters of recommendation must be from faculty in your major(s)).

Section I - *to be completed by student*

Name _____ Email _____ HUB _____ Class Year _____

Major/s _____ Teaching Area/s _____

Major Advisor _____ Faculty Recommender's Name_____
Faculty Recommender's Dept. _____

**The above named applicant has (please check one):   waived ____   retained _____
his/her right of access to read this recommendation under the provisions of the Family and Educational
Rights and Privacy Act of 1974.** *(note: an attached copy of an email or signed letter from the student will suffice)*

_____   _____
Student's Signature   **Date**

Section II - *to be completed by the Faculty Recommender*

**Please rate the student using a 1 to 5 scale with 1 being poor, 3 average and 5 excellent, OR "No – Not
Observed".**

<div style="text-align:center">

CIRCLE ONE:

</div>

Content knowledge appropriate for a beginning teacher (this could be general knowledge if you are recommending from outside the major).	**1**	**2**	**3**	**4**	**5**	**N/O**
Responsibility _____	**1**	**2**	**3**	**4**	**5**	**N/O**
Maturity / Ability to focus _____	**1**	**2**	**3**	**4**	**5**	**N/O**
Writing skills _____	**1**	**2**	**3**	**4**	**5**	**N/O**
Speaking skills _____	**1**	**2**	**3**	**4**	**5**	**N/O**
Social Skills _____	**1**	**2**	**3**	**4**	**5**	**N/O**
Leadership _____	**1**	**2**	**3**	**4**	**5**	**N/O**
Critical thinking skills _____	**1**	**2**	**3**	**4**	**5**	**N/O**
Creativity_____	**1**	**2**	**3**	**4**	**5**	**N/O**
Organizational skills _____	**1**	**2**	**3**	**4**	**5**	**N/O**
Goes beyond minimum expectations_____	**1**	**2**	**3**	**4**	**5**	**N/O**
Tolerance and Open mindedness _____	**1**	**2**	**3**	**4**	**5**	**N/O**

Would you be pleased to have this candidate teach your child?   **YES**   **NO**

Narrative (comments):

I recommend this candidate **without reservation.**

I recommend this candidate **with the reservations noted above.**

I **do not recommend** this candidate.

Print Name	**Signature**	**Department**	**Date**

TO FACULTY RECOMMENDER: Please return the completed form to the student. If the student has waived his/her right to read this recommendation, please place the form in a sealed envelope with your signature over the envelope flap BEFORE returning to student. (If the student has not completed the waiver in Section I, an attached copy of an email or signed letter from the student will suffice)

Recommendation for Admission to TeacherEduc8-08.doc