

***Confidential***  
**Faculty Recommendation Regarding Approval to Student Teach**

Student Name \_\_\_\_\_ E# \_\_\_\_\_ Date \_\_\_\_\_

Major Career and Technical Education Emphasis Area \_\_\_\_\_ Course # \_\_\_\_\_

Instructor \_\_\_\_\_ Semester Taken \_\_\_\_\_

*To the Student:*

The Career and Technical Education Program Committee will use this confidential form as it considers granting you approval to student teach.

*To the Instructor:*

This student is seeking your recommendation regarding approval to student teach. The Career and Technical Education Program Committee will consider all faculty comments in the approval process. Please complete and sign this form and return it to Dr. Julie Chadd, Coordinator of Career and Technical Education, School of Technology.

Attributes	Excellent	Above Average	Average	Below Average	Unknown
Ability to work with others					
Knowledge of subject					
Enthusiasm for subject					
Writing skills					
Speaking skills					
Self-confidence					
Maturity					
Attendance/Punctuality					
Respond to critique(s)					
Sensitivity to diversity					
Problem solving/Critical thinking					
Takes initiative					
Overall potential					

Additional conditions under which I have known this candidate:

- \_\_\_\_\_ Without reservation I recommend that this candidate be approved to student teach.  
 \_\_\_\_\_ With some reservation I recommend that this candidate be approved to student teach.  
 \_\_\_\_\_ I do not recommend this candidate for student teaching.

The reason for my decision follows (Comments may be continued on the back.):

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty Member: Please mail completed form to Julie Chadd, School of Technology