

**SCHREINER UNIVERSITY
KERRVILLE**

REFERENCE SUPPORTING APPLICATION FOR ADMISSION TO
THE TEACHER EDUCATION/STUDENT TEACHING PROGRAM

Teacher Education, CMB 6205, 2100 Memorial Boulevard, Kerrville, TX 78028-5697 (830) 792-7455

APPLICANT - Please complete this section.

PLEASE PRINT

Name: _____
Last First Middle Maiden
Teaching Field _____ Level ___ Grades EC-4 ___ Grades 4-8
___ Grades 8-12 ___ All-Level

I hereby waive all rights of access to letters of recommendation for application to a Teacher Education Program at Schreiner University.

Applicant's Signature: _____ Date: _____

Recommendations must be received from professors or advisors able to comment on your qualifications.

TO THE RECOMMENDER

Application to a teacher education/student teaching program requires recommendations from persons able to comment on the applicant's qualifications for teaching. We would appreciate background information and your candid evaluation of the applicant in the areas specified below. Please check the appropriate boxes below.

The applicant, in signing above, has waived all rights of access to this information, and your recommendation for admission consideration will be held in the strictest confidence. We appreciate your cooperation in assisting us in this decision. **To preserve the confidentiality of this information, deliver or mail the recommendations to the Teacher Education Department, CMB 6205, Schreiner University, 2100 Memorial Blvd., Kerrville, Texas 78028. Please do not have the candidate deliver the recommendation. Thank you for your assistance in this matter.**

1. How long have you known the applicant?

6mo. – 1yr. 1-2 yrs. 2-5 yrs. 5yrs. +

2. Please select the most applicable response concerning the applicant for the following categories:

Intelligence Very Strong Strong Average Needs Improvement
Innovativeness Very Strong Strong Average Needs Improvement
Dependability Very Strong Strong Average Needs Improvement
Honesty Very Strong Strong Average Needs Improvement
Good Judgment Very Strong Strong Average Needs Improvement
Concern for Others Very Strong Strong Average Needs Improvement
Knowledge of Technology Very Strong Strong Average Needs Improvement
Curriculum Planning Very Strong Strong Average Needs Improvement
Application of Pedagogy Very Strong Strong Average Needs Improvement

3. How would you evaluate the applicant's ability to get along well with the following:

Faculty Very Strong Strong Average Needs Improvement

Students (K-12) Very Strong Strong Average Needs Improvement

Peers Very Strong Strong Average Needs Improvement

Parents Very Strong Strong Average Needs Improvement

Supervisors Very Strong Strong Average Needs Improvement

4. How does the applicant handle stress?

Very Well Well Average Not Well

5. How does the applicant handle constructive criticism from supervisors/peers?

Very Well Well Average Not Well

6. The applicant's academic abilities are:

Very Strong Strong Average Needs Improvement

In summary, my recommendation is:

Very Strong Strong Average With Reservation (must specify below):

RECOMMENDER INFORMATION

PLEASE PRINT

Name: _____

Title: _____

Business Name & Address: _____

Signature: _____

Date: _____