

MOUNT HOLYOKE

Early Childhood, Elementary, Middle, Secondary & Arts Teacher Licensure Programs Faculty Recommendation Form

Name of Student _____

License Sought: _____

Waiver of Rights of Access to Letter of Recommendation

In accordance with the Family Educational Rights and Privacy Act of 1974, PL 93-380, Section 438 as amended, an individual may review this recommendation on request unless the waiver of right of access, included below, has been signed

In accordance with PL 93-380, Section 438, I hereby voluntarily and irrevocably waive my right of access to this recommendation written by:

Student Name: _____ Date _____

Signed: _____ Class Year: _____

The above named student has requested that you provide him/her with a reference for the practicum phase of Mount Holyoke's Teacher Licensure Programs. The practicum involves supervised teaching in a school during the Spring Semester of the senior year. Please be advised that participating students will be required to engage in rigorous lesson planning, instructional delivery, classroom observation, assessment and reflection each day. Your response to the following questions will assist us in evaluating this student's candidacy. You can choose to answer the following questions or attach a letter of recommendation.

Please circle the appropriate response for each of the characteristics listed below. Feel free to include additional commentary if you wish.

ACADEMIC PERFORMANCE IN THE CLASSROOM

Below
Expectations

Meets
Expectations

Exceeds
Expectations

Unknown

Comment:

SOCIAL SKILLS

Weak

Average

Strong

Unknown

Comment:

EMOTIONAL MATURITY

Immature

Mature

Impressive

Unknown

Comment:

FULFILLS RESPONSIBILITIES

Rarely

Sometimes

Usually

Always

Unknown

Comment:

PROFESSIONALISM

Weak

Average

Strong

Unknown

Comment:**ABILITY TO EXPRESS THOUGHTS IN WRITING**

Poor

Limited

Good

Excellent

Unknown

Comment:**ABILITY TO EXPRESS IDEAS ORALLY**

Limited

Some Difficulty

Good

Exceptional

Unknown

Comment:**REFLECTIVE NATURE**

Weak

Average

Strong

Unknown

Comment:**LEADERSHIP POTENTIAL**

A follower

Leads when
given
responsibilitySeeks opportunities
and uses them well

A Natural Leader

Unknown

Comment:

Do you have any further comments or concerns about the applicant's readiness to undertake the intensive practicum in the schools at this time?

Name (please print): _____ Date: _____

Signature _____

Department/Program and Institution: _____

Please return the completed form by mail, fax, or email to:

Cheryl McGraw

Department of Psychology and Education

Mount Holyoke College

50 College Street

South Hadley, MA 01075

cmcgraw@mtholyoke.edu

fax: 413.538.2456