



Name _____ **(Please Print)**

Rollins College Professional Reference

Evaluator's Name _____ Semester/Year _____
 (Please print)

Please check one Academic Advisor Education Faculty Other _____

(Circling "have not" guarantees this applicant the right to read this reference.) I have/have not waived my right to review this recommendation.

Student's Signature: _____

The above student is applying for placement as a student teacher. The internship carries a considerable amount of responsibility. With this in mind, please rate the student on the following:

A. Please rate the student on the following:

	Poor	Average	Good	Excellent
1. Motivation				
2. Initiative				
3. Cooperation				
4. Attendance/Promptness				
5. Academic Performance				
6. Ability to meet deadlines				
7. Receptiveness to directions				
8. Relationship with students				
9. Professional behavior				
10. Readiness for student teaching				

Thank you. Please return this form to: Rollins College, Department of Education, 1000 Holt Avenue #2726, Winter Park, FL 32789-4499. Email to: cfuller@rollins.edu

Do not return this form to the applicant

Signature _____ Date _____

Please make additional comments on back of sheet, if needed

B. Please describe this student's strengths:

C. Please describe areas in need of improvement for this student:

D. Additional comments: