

Student's Name _____

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

Please check one Academic Advisor Education Faculty Other _____

By signing below I have waived the right to read 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 or email to: cfuller@rollins.edu

Do not return this form to the applicant

Signature _____ Date _____

Please see back of form to make additional comments.

B. Please describe this student's strengths:

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

D. Additional comments: