

Accelerated Induction into Teaching (AIT) Program Confidential Recommendation Form

Please return this confidential recommendation form to FAU College of Education, FIAT Room 340, 777 Glades Road, Boca Raton, FL 33431 / Fax: 561 -297-3613.

Evaluator Name:

Semester / Year:

Please evaluate the above referenced student on	the following train	ts:			
Professional Traits	Excellent	Good	Average	Concerned	Not Observed
Professional Appearance					
Flexibility					
Attendance/Punctuality					
Language Communication Skills					
Dependability/Reliability					
Personal Initiative					
Ability to Work with Peers					
Ability to Work with Administrators					
Ability to Work with Parents					
Maturity/Ability to Accept Criticism					
Quality/Punctuality of work					
Teaching Traits	Excellent	Good	Average	Concerned	Not Observed
Teacher "With-it-ness"					
Knowledge of Subject Matter					
Lesson Planning and Preparation					
Use of Effective Methodology					
Student Response to Teaching					
Sensitivity to Individual Student Needs					
Classroom Management (Discipline)					

Overall Performance

Please Print or Type:

Student Name:

Major:



AIT places highly qualified student teachers in unfilled classrooms as the instructor of record, assuming all aspects of the position. They demonstrate advanced organization experience, strong content knowledge, and professional maturity. AIT teacher candidates are supported by an experienced Mentor, a Peer Teacher, and University Supervisor but function independently in the classroom during Student Teaching without the support of a Clinical Educator. Based on your observations, please comment on this applicants capability as a prospective AIT teacher candidate. Please indicate the appropriate category with (x): I recommend this applicant for the AIT Program I do not recommend this applicant for the AIT Program I prefer to discuss my recommendation by phone at the number below Please indicate the appropriate category with (x): Relationship to Clinical Faculty Administrator Other **Applicant** Educator Please complete the following: **Evaluator Signature** Date Position/Title **Evaluator Telephone Number Evaluator Email Address**