



Accelerated Induction into Teaching (AIT) Program Confidential Recommendation Form

*Please complete and print this confidential recommendation form and return in a signed and sealed envelope addressed to
FAU College of Education, FIAT Room 340, 777 Glades Road, Boca Raton, FL 33431 / Fax: 561 -297-3613.
Your prompt reply is appreciated.*

Please Print or Type:

Student Name:	Evaluator Name: (optional)
Major:	Semester / Year:

Please evaluate the above referenced student on the following traits:

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					

What is the period of time you have observed or known this student?

Please comment on any additional information you feel we may need to know about this student as a prospective AIT teacher candidate. *(Use reverse side if necessary)*

Please indicate the appropriate category with (x):

I recommend this applicant for the AIT Program	<input type="checkbox"/>
I do not recommend this applicant for the AIT Program	<input type="checkbox"/>
I recommend this applicant for the AIT Program, with reservations. (Please contact me directly at number listed below)	<input type="checkbox"/>

Please indicate the appropriate category with (x):

Relationship to Applicant	Faculty	<input type="checkbox"/>	Clinical Educator	<input type="checkbox"/>	Administrator	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Please complete the following:

_____ Evaluator Signature <i>(optional)</i>	_____ Date	_____ Position/Title <i>(optional)</i>
_____ Evaluator Telephone Number <i>(optional)</i>	_____ Evaluator Email Address <i>(optional)</i>	