



UNIVERSITY OF HAWAI'I AT HILO
Teacher Education Program Cohort Recommendation Form
with Professional Attributes Scale

Academic Year _____

Applicant: Before requesting a recommendation, please check and sign below in accordance with the Family Education Rights and Privacy Act of 1974.

I [] waive [] do not waive my right of access to this recommendation.

Signature: _____ SS#: _____ Date: _____

Name: _____ [] Elementary [] Secondary

Writer of Recommendation: The Teacher Education Program Cohort seeks your input regarding the applicant's ability to pursue and maintain success in the teaching profession. This recommendation should be completed by someone who has directly observed the applicant's performance or can address the applicant's potential in the education field.

Please take the time to fill out this form as openly and honestly as possible. As a teacher, the applicant will have the responsibility of working unsupervised with young people. The moral and legal obligations of teaching require sturdy individuals who have well developed interpersonal and intellectual capabilities. Your recommendation is very important to the TEP in making our admissions decisions. We ask that as you complete this form, you ask yourself the following question: "Would I want this applicant to teach my child?"

1) In what capacity have you known the applicant? _____

2) Describe the specific contact time relevant to your knowledge of the applicant. (e.g "The applicant volunteered for two hours each week for a total of twenty-two hours in the Fall of 1999.")

3) Have you ever directly observed the applicant in a situation where he or she is teaching or coaching young people? Please describe _____

Please provide any other commentary related to questions below, or about the applicant's interpersonal skills, experience with children and/or adolescents, and potential as a teacher. Include your comments in the space below or attach a separate piece of paper if necessary. This information is vital to the review process and your time is greatly appreciated.

Priority Deadline for Fall Semester is February 1

CONTINUE ON REVERSE SIDE ->

PROFESSIONAL POTENTIAL

Below is a modified version of the Professional Attributes Scale utilized by the Teacher Education Program Cohort. Please rate the applicant by checking the appropriate boxes and providing commentary. Write comments on front of this form, or use additional pages as needed.

<p>1) Attendance</p> <ul style="list-style-type: none"> <input type="checkbox"/> Frequently absent. <input type="checkbox"/> Rarely absent. <input type="checkbox"/> Never absent. 	<p>2) Punctuality</p> <ul style="list-style-type: none"> <input type="checkbox"/> Frequently late. <input type="checkbox"/> Generally punctual. <input type="checkbox"/> Always on time.
<p>3) Oral Expression</p> <ul style="list-style-type: none"> <input type="checkbox"/> Makes frequent usage of grammatical errors. <input type="checkbox"/> Is inarticulate. <input type="checkbox"/> Is articulate. <input type="checkbox"/> Is expressive, animated. 	<p>4) Written Expression</p> <ul style="list-style-type: none"> <input type="checkbox"/> Writing contains frequent misspellings and/or grammatical errors. <input type="checkbox"/> Writing is often unclear and disorganized. <input type="checkbox"/> Organizes and clearly expresses ideas. <input type="checkbox"/> Frequently and effectively communicates in writing with Parents and/or administrators.
<p>5) Tact, Judgment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is thoughtless: insensitive to others' feelings and opinions. <input type="checkbox"/> Has limited sensitivity and diplomacy. <input type="checkbox"/> Perceives what to do or say in order to maintain good relations with others and responds accordingly. <input type="checkbox"/> Is highly sensitive to others' feelings and opinions: Diplomatic 	<p>6) Reliability/Dependability</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sometimes fails to complete assigned tasks or duties. <input type="checkbox"/> Sometimes needs to be reminded to attend to assigned tasks or duties. <input type="checkbox"/> Consistently attends to assigned tasks or duties without prompting. <input type="checkbox"/> Consistently perceives needs and attends to them immediately.
<p>7) Self-Initiative/Independence</p> <ul style="list-style-type: none"> <input type="checkbox"/> Depends upon others for direction, ideas, and guidance: passive. <input type="checkbox"/> Has good ideas, works effectively with limited supervision. <input type="checkbox"/> Independently implements plans: Creative and resourceful. 	<p>8) Collegiality</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prefers to work in isolation. <input type="checkbox"/> Reluctant to share ideas and materials. <input type="checkbox"/> Prefers being part of a team. <input type="checkbox"/> Willingly shares ideas and materials.
<p>9) Ethics</p> <ul style="list-style-type: none"> <input type="checkbox"/> Decision making does not always reflect a strong understanding of right and wrong. <input type="checkbox"/> Appears generally honest. <input type="checkbox"/> Acts with honesty and integrity in all situations. 	<p>10) Response to Feedback</p> <ul style="list-style-type: none"> <input type="checkbox"/> Defensive: Unreceptive to feedback. <input type="checkbox"/> Receptive, but doesn't implement suggestions. <input type="checkbox"/> Receptive, and adjusts performance accordingly. <input type="checkbox"/> Active: Solicits suggestions and feedback from others.

Print Name: _____

Signature: _____

Date: _____

Position: _____

Institution: _____

Phone: _____

Please mail recommendation to: Admissions Office•University of Hawai'i at Hilo•200 W. Kawili St•Hilo, HI 96720-4091 or to the UH Hilo Education Department•200 W. Kawili Street•Hilo, HI 96720-4091

Priority Deadline for Fall Semester is February 1



UNIVERSITY
OF HAWAII
HILO

UNIVERSITY OF HAWAII AT HILO
Experience Working With Children or Young People

Teacher Education Program Cohort Application for Fall _____

Print Name: _____

Social Security Number: _____

Please include beginning and ending dates for the experiences. Also include amount of contact hours.	Please describe your formal and informal experiences working with youth (organization, age group, title)	Please describe your specific duties and responsibilities	Please include name of supervisor and contact information

Priority Deadline for Fall Semester is February 1