

Mt SAC STEM TP Program Faculty Recommendation Form

Student's Name: _____

Faculty Recommender (Name/Department): _____

This student is requesting that you provide a recommendation for acceptance to the Mt SAC STEM Teacher Preparation program. This student must receive the completed confidential Recommendation Form to be added to their application package. **(Please submit in a sealed and signed envelope.)** It is the student's responsibility to submit the completed application package to Drs. Nejad or Newman no later than **May 11, 2018**. Late completed application packages will not be accepted.

1) To the best of your knowledge, is this student truly interested in becoming a secondary school STEM teacher? Please describe.

2) In your opinion, what is this student's academic potential.

3) Check the box that best represents the applicant's level for the following characteristics.

Characteristic	Very High	High	Average	Below Ave.
Empathy for others				
Trustworthy / Integrity				
Work ethic				
Passion for Teaching				
Overall Impression				

4) Describe specific characteristics this student exhibits that lead you to believe that he/she would become a promising future educator.

Signature: _____

Date: _____

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