

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 April 1st, 2015. 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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