

**TEACHER EDUCATION PROGRAM
Recommendation Form**

(Please make a copy of this form for each of your recommenders.)

Name of Applicant: _____

I understand the information supplied on this form is confidential and will not be shared with me. By signing my name below, I waive all rights of examination.

Applicant's Signature _____ Date _____

The person named above is an applicant for the Teacher Education Program at UTTC. Each applicant is required to provide supporting statements from a non-relative individual who is familiar with his or her commitment and abilities.

How would you rate the applicant with respect to the following teacher dispositions?

Disposition	Exceptional	Strong	Average	Fair	Poor	Unknown
Embraces diversity and is respectful of all people						
Caring to all children						
Believes all students can learn						
Is flexible and adaptable						
Balances and completes tasks on schedule						
Accepts and utilizes suggestions for improvement						
Works well with others						
Is dependable						
Uses time wisely						
Is punctual						
Maintains a positive attitude						
Reflects upon and takes responsibility for learning						
Demonstrates effective verbal and non-verbal communication						
Is a thoughtful and responsive listener						
Demonstrates critical thinking skills						
Adheres to high ethical standards						
Respects confidentiality of information						
Maintains proper professional dress and hygiene						

In what capacity have you known this applicant? _____

I _____ that this applicant be admitted to the UTTC Teacher Education Program.

- Strongly recommend
- Recommend
- Recommend with some reservations
- Do not recommend

NAME (please print) _____ DATE (DD/MM/YY) ____/____/____

SIGNATURE: _____ PHONE: _____

OCCUPATION: _____

ADDRESS: _____

PLEASE MAIL THIS RECOMMENDATION FORM TO:

Teacher Education

Attention: Lisa J. Azure, Chair

United Tribes Technical College

3315 University Drive, Bismarck, ND 58504