

**PROJECT SAGE APPLICATION**  
*An Office of Special Education Programs Teacher Education Program*  
**UNITED TRIBES TECHNICAL COLLEGE**

**RECOMMENDATION FORM**

**APPLICANT WAIVER OF RIGHTS OF EXAMINATION**

Applicant Name: \_\_\_\_\_

I understand that 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 Signature \_\_\_\_\_ Date \_\_\_\_\_

**RECOMMENDATION**

The person named above is an applicant for PROJECT SAGE, a teacher training program. Each applicant is required to provide supporting statements from a non-relative individual who is familiar with his or her commitment and abilities.

**1. 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 his/her own 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						

**2. In what capacity have you known this applicant?**

\_\_\_\_\_

3. I \_\_\_\_\_ that this applicant be admitted to PROJECT SAGE.

<input type="checkbox"/> Strongly recommend <input type="checkbox"/> Recommend <input type="checkbox"/> Recommend with reservations <input type="checkbox"/> Do not recommend	Name	
	Occupation	Phone Number

<b>Completed form can be emailed to <a href="mailto:jheid@uttc.edu">jheid@uttc.edu</a>; faxed to (701) 530-0620 or mailed to:</b>  United Tribes Technical College ATTN: Jenifer Heid, Skills Center 3315 University Drive Bismarck, ND 58504	Address	
	Signature	Date