

University of Pittsburgh at Johnstown  
Division of Education

Faculty Recommendation for Application to the Upper Level of the Division of Education

|                            |                                       |      |
|----------------------------|---------------------------------------|------|
| APPLICANT (Student's Name) | FACULTY MEMBER (please type or print) | DATE |
|                            |                                       |      |

The UPJ Division of Education solicits your candid opinion of the above applicant to the Upper Level (Early Childhood/, Middle Level or Secondary Education). Please sign and return this form to the address below by the following deadline: **Fall – Sept. 15; Spring – Jan. 15; Summer – May 15.** Send to: Division Chairperson, 153 Biddle Hall, University of Pittsburgh at Johnstown, 450 Schoolhouse Rd. Johnstown, PA 15904. Thank you for your valuable time in helping us to select appropriate teaching candidates.

|                                | Poor<br>1                | Fair<br>2                | Good<br>3                | Very Good<br>4           | Excellent<br>5           | Do Not<br>Know           |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Knowledge of subject matter | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Classroom participation     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Attendance                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Oral communication          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Written communication       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Responsibility              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. General attitude            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other comments:

|                             |  |
|-----------------------------|--|
| Faculty Member's Signature: |  |
|-----------------------------|--|

Please note: The student will have access to this recommendation.