

Professional Licensure Program Confidential Faculty Evaluation Form

This section is to be filled out by the Applicant:

Applicant Name: _____ V#: _____

Faculty Name: _____ Date of Evaluation: _____

Course taken from faculty member: _____ Term/Year taken: _____ Grade earned: _____

This section is to be filled out by the Evaluator:

Dimensions	N/A	Serious Concerns 0	Needs Improvement 1	Emerging 2	Acceptable 3
COLLABORATION: The candidate works with others to achieve a common goal.					
HONESTY & INTEGRITY: The candidate demonstrates truthfulness, professional behavior, and trustworthiness.					
RESPECT: The candidate honors, values, and demonstrates consideration and regard for oneself and others.					
SCHOLARSHIP AND COMMITMENT TO LEARNING: The candidate values learning for self and students.					
EMOTIONAL MATURITY: The candidate demonstrates situation appropriate behavior.					
LEADERSHIP AND RESPONSIBILITY: The candidate acts independently and demonstrates accountability, reliability, and sound judgement.					
CONSIDERING ALL THE ABOVE FACTORS, I RATE THIS CANDIDATE:					

Considering ALL factors, I recommend that:

- That the candidate be admitted to the Professional Licensure Program
- The candidate's admission be given additional review, as I have reservations about recommending them
- The candidate's admission be denied

Comments: (encouraged)

Evaluator Signature: _____ Date: _____

Please complete this form and mail or deliver it in a sealed envelope marked as "Confidential" to Beth Jones in the College of Education, 345 N. Monmouth Ave, Monmouth, OR 97361. You may also Fax it to her at Fax #: 503-838-8228 – if you have any questions can e-mail Beth at jonesb@wou.edu.