

Professional Licensure Program Confidential Faculty Evaluation Form

Please complete this form and email it to Beth Jones at jonesb@wou.edu or 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.

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.

Dimension	N/A	Serious Concerns (0)	Needs Improvement (1)	Emerging (2)	Acceptable (3)
Collaboration: the candidate works with others to achieve a common goal.					
Honesty and 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:

- ☐ 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: _____