

# 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
<b>COLLABORATION:</b> The candidate works with others to achieve a common goal.					
<b>HONESTY &amp; INTEGRITY:</b> The candidate demonstrates truthfulness, professional behavior, and trustworthiness.					
<b>RESPECT:</b> The candidate honors, values, and demonstrates consideration and regard for oneself and others.					
<b>SCHOLARSHIP AND COMMITMENT TO LEARNING:</b> The candidate values learning for self and students.					
<b>EMOTIONAL MATURITY:</b> The candidate demonstrates situation appropriate behavior.					
<b>LEADERSHIP AND RESPONSIBILITY:</b> The candidate acts independently and demonstrates accountability, reliability, and sound judgement.					
<b>CONSIDERING ALL THE ABOVE FACTORS, I RATE THIS CANDIDATE:</b>					

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](mailto:jonesb@wou.edu).*