

FORM II

SSCP Form II REQUIRED MSCP & ESCP Can submit Form II or Letters

The person named below is an applicant to the CSU Stanislaus' Teacher Education Credential(s) Program. Please provide a statement based on your judgment of the applicant's qualifications for the teaching profession. This letter of recommendation will be used by the Selection and Review Committee as part of the criteria for admission to the Program.

REFERENCES: Please email this form directly to credentials@csustan.edu on behalf of the applicant

Applicant's name: _____ Program: ☐ MSCP ☐ SSCP ☐ ESCP ☐ Concurrent

Name of reference (please print): _____

Contact phone number: _____

Please check items that apply: ☐ I have taught candidate ☐ I have supervised candidate
☐ I know candidate well

Characteristics	Have No Information	Top 10% Excellent	Top 25% Good	Top 50% Fair	Bottom 50% Poor
General Attitude					
Initiative/Enthusiasm					
Flexibility					
Responsibility					
Verbal Skills					
Writing Skills					
Academic Competence					
Rapport With Peers					
Rapport with Instructors/Supervisors					
Overall Rating					

Based on your knowledge of the candidate, why do you think this person will or will not become an effective teacher? Please explain your response.

Reference Signature

Date

Organization or affiliation

Position