

# 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 seen by the applicant and will be used by the Selection and Review Committee as part of the criteria for admission to the Program. **MSCP and ESCP only: Please return to Student**

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