TO: Faculty Interviewer
FROM: Committee on Admission to the Teacher Education
Subject: Interview of Candidate for Admission to the Teacher Education Program

The candidate for admission to the teacher Education Program at Middle Tennessee State University is presenting this Interview Rating form to you. This interview is one element in the process and a requirement for admission to the Teacher Education Program of Middle Tennessee State University.

We ask that you please take some time to interview the candidate and apply your honest appraisal to the attached rating form. Please return the completed form to the applicant.

We want to thank you for your contribution to this process. Your assessment of the candidate is valued.

Interviewers Defined: (one interview from each position listed)

Education Faculty: A member of the Department of Elementary and Special Education, or Department of Educational Leadership courses designated ELED, READ, SPED, EESE, SPSE, YOED and ECE.

Non-Education Faculty: A faculty member teaching academic courses in any department of the University other than those listed above.

Teacher Practitioner (PreK-12): A teacher or administrator in a public school system grades PreK-12.

Interviewer’s position (please check one):

☐ Education Faculty

☐ Non-Education Faculty

☐ Teacher Practitioner (PreK-12)

NOTE: Please contact Quinton Goodman at 615-898-2794 if you have questions or concerns.
Teacher Education Applicant Interview Rating Form
Office of Professional Laboratory Experiences • Middle Tennessee State University, Murfreesboro, TN

To be Completed by the Applicant:
Applicant’s Name ________________________________

(last) (first) (middle)

M Number ___________________________ Education Advisor ___________________________

Intended Teaching Area (please check one):
□ Early Childhood Education □ Interdisciplinary Studies □ K-6 □ 4-8
□ Special Education

To be Completed by the Interviewer:

________ Education Faculty Member

Department_____________________________

________ Non-Education Faculty Member

Department_____________________________

________ P-12 Teacher

School_______________________________

Please place a check in the appropriate column as a response to your opinion of the interviewee. You may add comments as appropriate. Please sign and return to the applicant.

<table>
<thead>
<tr>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>No Opinion</th>
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1. The poise/confidence/appearance of the interviewee were
2. The interviewee’s grammar/speech/voice quality were
3. The interviewee’s rationale for teaching and apparent desire to teach were
4. The teaching potential abilities of the interviewee (organization, sensitivity, awareness of individuals, ability to motivate, social consciousness) were
5. The leadership potential (initiative, goal directness, assertiveness) of the interviewee was

6. Overall admissions recommendations:

Should Admit  Should NOT Admit  Undecided

Comments (Please comment, especially if recommendation is “Not to Admit”).: __________________________________________

________________________________________

________________________________________

________________________________________

Interviewer’s Name ________________________________

Interviewer’s Address ________________________________

Interviewer’s Signature ___________________________ Date of Interview ___________________________