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 recommendation rating form to you. This recommendation 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:

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, MLED and ECE. (Non-Secondary Education Minors only)

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

Department Faculty: A faculty member teaching in your Major Field. (Secondary Education Minors only)

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

Interviewer’s position (please check one):

- [ ] Education Faculty or Department Faculty: ___________________________ Department
- [ ] Non-Education Faculty: ___________________________ Department
- [ ] Teacher Practitioner (PreK-12): ___________________________ School/School System
Teacher Education Applicant Recommendation 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 □ Elementary Education
□ Special Education □ Secondary Education
□ Middle Grades Education

To be Completed by the Interviewer:

_________ Education Faculty or Department Faculty 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.

Satisfactory Unsatisfactory No Opinion

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 ____________________________

Rev. 11/18