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-Education Faculty: A faculty member teaching academic courses in any department of the University other than those listed above. (Secondary Education Minors: This would be any faculty member not teaching in your Major Field.)

Department Faculty: A faculty member teaching in your Major Field.

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____________________________________

________ Teacher Practitioner (PreK-12)  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.

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<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>No Opinion</th>
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<td></td>
<td>Should Admit</td>
<td>Should NOT Admit</td>
<td>Undecided</td>
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6. Overall admissions recommendations:

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

____________________________________________________

____________________________________________________

____________________________________________________

Interviewer’s Name ____________________________________________________________

Interviewer’s Address ____________________________________________________________

Interviewer’s Signature ____________________________________________________________ Date of Interview __________________________

Rev. 2/19