

Clinical Teaching Faculty Recommendations

Candidate Name: _____ CID# _____

Content Recommendation

Please provide the name, e-mail, and department of one faculty member from your upper level Content coursework in your major. (Make sure you ask the faculty member permission to put them down as a reference.)

Name: _____

E-mail Address: _____

Department: _____

Pedagogy Recommendation

Please provide the name, e-mail, and department of one faculty member from your Pedagogy coursework. (ED 4309, ED 4311, ED 4314, ED 4602, RDG 4320, ED 4321, ED 4322, SPED 4362-63) (Make sure you ask the faculty member permission to put them down as a reference.)

Name: _____

E-mail Address: _____

Department: _____

I agree and understand that the information given by Angelo State University Faculty will be kept confidential from me so that the faculty member will be able to speak freely about my character/ disposition. In that regard, I hold them harmless from any civil actions on my part regarding their comments. I waive any right to see the recommendation form at any time. I understand that the information given by an ASU Faculty member will be used to determine the eligibility to student teach at Angelo State University.

Candidate Signature: _____

Date: _____