

7. Please rate the applicant on the scale below. What reference group, if any, are you using in these comparisons?

Please check ONE.

- Undergrad Students
- Grad Students
- Employees
- Other: _____

	Top 5%	Top 15%	Top 30%	Top 50%	Lower 50%	Unable to Judge
Integrity						
Cooperation						
Communication Skills-Oral						
Communication Skills-Written						
Responsibility						
Maturity						
Leadership						
Intelligence						
Motivation						
Subject Area Competence						
Teaching Competence						

8. The Graduate Programs Coordinator would appreciate any additional statement you may wish to make concerning the applicant's capacity for graduate work in teacher education. *(If you would like to add a supplementary letter, it will receive careful consideration.)*

Evaluator's Name (printed or typed)

Title, grade, or rank and department

Institution/Business/Company

Address

Evaluator's Signature

Send completed form to the address below. Thank you for your assistance.

**Office of Graduate Studies
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 Big Rapids, MI 49307
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 Email: gradoffice@ferris.edu**