



GEORGE FOX  
SCHOOL OF  
EDUCATION

# APPLICATION FOR ADMISSION

*Educational Foundations and Leadership (EDFL)*

- *Doctor of Education*
- *Master of Education*
- *Administrator License Programs*
- *Professional Endorsements and Certificates*
- *Alternative Pathways: Initial Teaching License*

*George Fox University  
Office of Graduate Admissions*

*414 N. Meridian St., #6149  
Newberg, OR 97132-2697  
503-554-2266 • 800-631-0921  
Fax 503-554-3110*

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edfl@georgefox.edu  
edfl.georgefox.edu  
georgefox.edu*

# GEORGE FOX UNIVERSITY

## EDFL Admission Requirements

### Doctor of Education Applicants

*Applicants to the Doctor of Education (EdD) program must show evidence of a master's degree in education or a related field from a regionally accredited university with a minimum of 3.25 GPA. Applicants must also have three years of professional experience in education prior to applying to the program.*

EdD applicants must submit a complete admissions file which includes the following:

- Completed and signed application.
- \$40 nonrefundable application fee.
- Copy of current professional résumé.
- Personal essay – three to five pages in length. See essay guidelines on third page of requirements.
- Three Graduate Program Recommendation Forms.
  - One from a current supervisor. Forms from relatives will not be accepted.
- One official transcript from each post-secondary institution attended.
  - Official transcripts must arrive in a signed sealed envelope from the issuing institution. The transcripts may be sent directly to George Fox or submitted by the applicant.
- Evidence of scholarly work – a portion of a master's thesis, graduate-level synthesis paper, or scholarly publication. If you don't have a thesis, please contact your admissions counselor. (8-10 pages maximum)
- Official scores from either the GRE (Graduate Record Examination) or the MAT (Miller Analogies Test) at or above the 60th percentile.

### Master of Education & Non-Degree (Endorsement and/or License Only) Applicants

*Applicants to the Master of Education (MEd) must show evidence of a bachelor's degree from a regionally accredited college or university and a minimum 3.0 GPA for the most recent 60 semester hours or 90 quarter hours.*

MEd applicants must submit a complete admissions file which includes the following:

- Completed and signed application.
- \$40 nonrefundable application fee.
- Signed State of Oregon Guide to the Ethical Educator (Attachment 1).
- Signed Oregon TSPC Character Questionnaire (Attachment 2).
- Personal Essay – three to five pages in length. See essay guidelines on third page of requirements.
- Copy of current professional résumé.
- Three Graduate Program Recommendation Forms.
  - One from a current supervisor. Forms from relatives will not be accepted.
- One official transcript from each post-secondary institution attended.
  - Official transcripts must arrive in a signed sealed envelope from the issuing institution. The transcripts may be sent directly to George Fox or submitted by the applicant.
- Copy of most recent teaching license. (if licensed)
- Applicants seeking an initial license\* or adding an endorsement to an existing license must submit official copies of test scores required by TSPC. Please ask your admissions counselor for specific requirements.

*\*Applicants must meet certain criteria to be qualified to apply to the alternative pathways to teacher licensure program.*

*Please contact your graduate admissions counselor prior to applying to the program to see if you qualify.*

**Initial & Continuing Administrator License (degree or non-degree seeking) Applicants**

*Applicants to the Initial Administrator (IAL) or Continuing Administrator License (CAL) program must show evidence of a bachelor's and a master's degree from a regionally accredited college or university and a minimum 3.0 GPA for the most recent 60 semester hours or 90 quarter hours. The IAL may be taken as a stand-alone program post-masters or as part of the MEd. Applicants must also show evidence of three years of teaching on an appropriate license.*

IAL & CAL applicants must submit a complete admissions file which includes the following:

- Completed and signed application.
- \$40 nonrefundable application fee.
- Signed State of Oregon Guide to the Ethical Educator (Attachment 1).
- Signed Oregon TSPC Character Questionnaire (Attachment 2).
- Oregon Initial Administrator License Partnership Form (Attachment 3).
- District Employment Verification Form (Attachment 4).
- Personal Essay – three to five pages in length. See essay guidelines at the bottom of the next page.
- Copy of current professional résumé.
- Three Graduate Program Recommendation Forms.
  - One from a current supervisor. Forms from relatives will not be accepted.
- One official transcript from each post-secondary institution attended.
  - Official transcripts must arrive in a signed sealed envelope from the issuing institution. The transcripts may be sent directly to George Fox or submitted by the applicant.
- Copy of most recent teaching or administrative license.

**Return all application materials to:**

Office of Graduate Admissions  
George Fox University  
414 N. Meridian St., #6149  
Newberg, OR 97132-2697

Notes:

1. George Fox University reserves the right to select students on the basis of academic performance and professional qualifications. George Fox University does not discriminate in its educational programs or activities, including employment, on the basis of age, sex, handicap/disability, race, color, national or ethnic origin, or other statuses protected by applicable nondiscrimination laws.
2. All questions must be answered, with the exception of those marked “optional.”
3. An interview may be required of applicants as part of the admission process.
4. Application materials become the property of George Fox University and are not returned or transferred to another institution.

### *Admissions Essay Guidelines:*

The School of Education has identified a Conceptual Framework and Professional Dispositions to guide our preparation of school professionals. Faculty will compare your application essay to checkpoints in your program to assess your professional development.

Your personal essay must provide examples and reflections for each of the Conceptual Framework and Professional Dispositions elements including how your specific experiences address these elements. The essay should include a self-assessment stating your strengths and areas of desired growth for each element. It should also describe your present goals and academic interests with an explanation of how your prior experience has contributed to these goals and interests.

In addition, your essay should address the following: George Fox University is a Christian liberal arts university committed to intellectual and academic excellence with an emphasis on the integration of faith and learning. While our programs do not require applicants to adhere to the faith statement of the university, we do want to ensure that you are aware of our mission and Christian worldview. We would like you to review the George Fox University mission statement found in the graduate catalog (online) and discuss in your essay how this mission and program focused on a Christian worldview would be appropriate for your long-term professional and personal goals.

### **Conceptual Framework**

- ***Think Critically:*** Candidates seek multiple perspectives, imagine possibilities, formulate wise decisions, anticipate paradigm shifts, love learning, and make inferences based on evidence.
- ***Transform Practice:*** Candidates use technology, research, subject knowledge, and effective oral and written communication to enhance student learning; analyze, debrief, and abstract from their own experience for the purposes of transforming practice; and take the lead in reforming practice at their institutions.
- ***Promote Justice:*** Candidates act to ensure that all students and clients can learn; advocate for the needs of all students by promoting justice; and widen students' understandings by teaching about and modeling what it means to "love one's neighbor."

### **Professional Dispositions**

- ***Commitment to Courage:*** Candidates act upon the knowledge that all children and adults can learn; recognize injustice and take steps to correct it; confront negative school culture with positive action; and are visionary by taking course work and turning it into vision.
- ***Commitment to Integrity:*** Candidates practice reflexivity with themselves and others; take ownership for resolving differences; believe in the power of community and act within it; practice truthfulness; use educational experience to remake or evolve sense of self and professional identity; and know that to "not know the answer" is to remain humble and a lifelong learner.
- ***Commitment to Seeking Multiple Perspectives:*** Candidates practice empathy, tolerance, collaboration, and compassion. Candidates reframe situation and individuals to believe the best of people and situations.

# Application for Admission

## Educational Foundations and Leadership

Please indicate the term you are applying for:

Date \_\_\_\_\_

- Fall 20\_\_\_\_ Application deadline July 15; Central Oregon EdD
- Spring 20\_\_\_\_ Application deadline for EdD Oct. 1; all others Nov. 1
- Summer 20\_\_\_\_ Application deadline for EdD March 15; all others April 1

Please indicate the program you are applying for:

**Doctor of Education (EdD)**

*Specify Cohort:*

- Spring - hybrid\*, online and summer face-to-face
- Summer- face-to-face summer only, online fall and spring
- Fall- Central Oregon/Redmond hybrid\*, online, summer face-to-face

**Master of Education (MEd)**

*Specify MEd specialization:*

- Curriculum and Instruction
- Educational Leadership (Initial Administrator License)
- Higher Education
- Library Media/Educational Media (Library Media Endorsement)
- Literacy
- Reading (Reading Endorsement)
- Secondary Education

**Endorsement (independent of a degree):**

- Library Media/Educational Media
- Reading Endorsement (Please select level below)
  - ECE/ELEM
  - ELEM/ML
  - ML/HS

**License (within or independent of a degree):**

- Initial Administrator License
- Continuing Administrator/Initial Superintendent License
- Teaching License Renewal
- Adding authorizations to existing license

Area: \_\_\_\_\_

Level:  Early Childhood  Elementary  Middle Level  High School

- Alternative Pathways: Initial Teaching License (requires advising before application, please contact admissions counselor)

*\*Hybrid classes usually meet one Saturday a month and online inbetween.*

*Some classes meet Friday evening as well.*

## I. Personal Information

Name in full \_\_\_\_\_  
FIRST MIDDLE LAST

Preferred name \_\_\_\_\_

Other names used (including maiden name) \_\_\_\_\_

Present mailing address \_\_\_\_\_  
\_\_\_\_\_

E-mail address \_\_\_\_\_

Telephone HOME ( ) \_\_\_\_\_ WORK ( ) \_\_\_\_\_

Permanent address \_\_\_\_\_  
\_\_\_\_\_

Country of citizenship \_\_\_\_\_ Are you a U.S. resident?  Yes  No

Have you ever been convicted of a crime?  Yes  No If yes, please explain on a separate page.

### *Optional Information*

Social Security number\* \_\_\_\_\_

Date of birth \_\_\_\_\_ Birthplace \_\_\_\_\_  Male  Female

Marital status:  Single  Married

Ethnic origin:  African-American  Asian-American  Caucasian  Hispanic/Latino

Native American  Pacific Islander  Other \_\_\_\_\_

*\* If you provide your Social Security number, George Fox University uses it for keeping records, doing research, and reporting. The University does not use your number to make any decision directly affecting you or any other person. Your Social Security number is not given to the general public. If you choose not to provide your Social Security number, you are not denied any rights as a student. Providing your Social Security number means that you consent to the use of the number in the manner described.*

## II. Applicant Information

Please list the names of other schools where you may be applying. (optional)

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We would appreciate knowing how you became acquainted with George Fox University. Please be as specific as possible.

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### III. Education

Have you already taken classes with George Fox University's EDFL program?  Yes  No Dates \_\_\_\_\_

Please list, in chronological order, all colleges and postsecondary institutions attended. Continue on a separate sheet of paper if necessary. We must receive one official transcript from every school you have attended since high school. Please note: Transcripts must be received by the Office of Graduate Admissions in their original sealed envelope to be considered official.

_____	Dates _____ to _____	Major _____	Degree _____
_____	Dates _____ to _____	Major _____	Degree _____
_____	Dates _____ to _____	Major _____	Degree _____
_____	Dates _____ to _____	Major _____	Degree _____

Up to ten semester hours (15 quarter hours) may be transferred into the MEd program and up to 17 semester hours (25 quarter hours) may be transferred into the EdD program. Courses considered for transfer must be:

1. Graduate level
2. Post-baccalureate for MEd applicants and post-master's for EdD applicants
3. Completed in the last seven years

MEd and EdD program applicants, please list any courses you would like evaluated. Final decisions will be made by the EDFL admissions committee.

Course number	Course title	Credit hours	University
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### IV. Work Experience

Do you currently hold (or have you previously held) a teaching or administrative license?  Yes  No

If yes, please enclose a copy of your most recent license.

Employment history (give appropriate dates and submit a résumé)

1. Job title \_\_\_\_\_ Employer \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_ Supervisor's name \_\_\_\_\_ Telephone \_\_\_\_\_

2. Job title \_\_\_\_\_ Employer \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_ Supervisor's name \_\_\_\_\_ Telephone \_\_\_\_\_

3. Job title \_\_\_\_\_ Employer \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_ Supervisor's name \_\_\_\_\_ Telephone \_\_\_\_\_

Other experience (e.g., boards, service clubs, volunteer positions, etc.) Be as specific as possible.

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#### V. Financial

Do you expect to file an application for financial aid?  Yes  No

Are you a veteran?  Yes  No

## VI. References

Enclose three letters of reference. Please list the names and contact information for these references below.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

## VII. Educational and Social Philosophy

George Fox University is a Christian liberal arts university committed to intellectual and academic excellence. During the times you are a student on the George Fox campus or involved in a George Fox project off campus, you are expected to comply with and respect the spirit and intention of the George Fox University community (see catalog).

Your completion of this application and your signature below indicate your willingness to cooperate and comply with the purpose and expectations of the university.

I authorize investigation of all information provided during the application process. References provided may give George Fox University any and all information requested, as well as any pertinent information they may have, personal or otherwise. I release from all liability or responsibility George Fox University, its agents, and all people, companies, or corporations providing information to the university about me.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# GEORGE FOX UNIVERSITY

## STATE OF OREGON'S GUIDE TO THE ETHICAL EDUCATOR

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**584-020-0035** The ethical educator is a person who accepts the requirements of membership in the teaching profession and acts at all times in ethical ways. In so doing, the ethical educator considers the needs of the students, the district, and the profession.

1. The ethical educator, in fulfilling obligations to the student, will:

- (a) Keep the confidence entrusted in the profession as it relates to confidential information concerning a student and family
- (b) Refrain from exploiting professional relationships with any student for personal gain, or in support of people or issues
- (c) Maintain an appropriate professional student-teacher relationship by:
  - (1) Not demonstrating or expressing professionally inappropriate interest in a student's personal life
  - (2) Not accepting or giving or exchanging romantic or overtly personal gifts or notes with a student
  - (3) Reporting to the educator's supervisor if the educator has reason to believe a student is or may be becoming romantically attached to the educator

2. The ethical educator, in fulfilling obligations to the district, will:

- (a) Apply for, accept, offer, or assign a position of responsibility only on the basis of professional qualifications, and will adhere to the conditions of a contract or the terms of the appointment
- (b) Conduct professional business, including grievances, through established lawful and reasonable procedures
- (c) Strive for continued improvement and professional growth
- (d) Accept no gratuities or gifts of significance that could influence judgment in the exercise of professional duties
- (e) Not use the district's or school's name, property, or resources for noneducational benefit without approval of the educator's supervisor or the appointing authority

3. The ethical educator, in fulfilling obligations to the profession, will:

- (a) Maintain the dignity of the profession by respecting and obeying the law, exemplifying personal integrity and honesty
- (b) Extend equal treatment to all members of the profession in the exercise of their professional rights and responsibilities
- (c) Respond to requests for evaluation of colleagues and keep such information confidential as appropriate

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SIGNATURE

DATE

Upon signing this form, candidates are verifying that they have read, reflected on the standards, and that they are committed to upholding the standards as future administrators.

# GEORGE FOX UNIVERSITY

## CHARACTER QUESTIONNAIRE: TEACHER STANDARDS AND PRACTICES COMMISSION (TSPC)

Oregon Administrative Rules 584-020-0035 and 584-036-0060 require that students admitted to approved teacher-preparation programs provide evidence of good moral character necessary for certification in Oregon by responding to character questions asked by TSPC.

### Applicant Information

Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Social Security number \_\_\_\_\_ Sex:  Male  Female

Permanent home address \_\_\_\_\_

Endorsements sought \_\_\_\_\_

### TSPC Character Questions

You must answer each question either "yes" or "no," whichever is true. Explain each "yes" answer in detail on a separate sheet.

- \_\_\_\_\_ 1. Have you ever left any educational or school-related employment, voluntarily or involuntarily, while the subject of an inquiry, review, or investigation of alleged misconduct or alleged violation of professional standards of conduct or when you had reason to believe such investigation was imminent?
- \_\_\_\_\_ 2. Are you currently the subject of an inquiry, review, or investigation for alleged misconduct or alleged violation of professional standards of conduct?
- \_\_\_\_\_ 3. Have you ever failed to complete a contract for educational services in any educational or school-related position, or for any alleged misconduct or alleged violation of professional standards of conduct been placed on leave by your employer or left such employment prior to the end of the contract term?
- \_\_\_\_\_ 4. Have you ever had a professional certificate, credential, or license (of any kind) revoked or suspended, or have you been placed on probationary status for any alleged misconduct or alleged violation of professional standards of conduct?
- \_\_\_\_\_ 5. Have you ever been denied a professional license for which you applied or granted a professional license on a conditional or probationary basis for any alleged misconduct or alleged violation of professional standards of conduct?
- \_\_\_\_\_ 6. Have you ever surrendered a professional license of any kind before its expiration?
- \_\_\_\_\_ 7. Have you ever been disciplined by any public agency responsible for licensure of any kind, including but not limited to educational licensure?
- \_\_\_\_\_ 8. Have you ever been convicted or been granted conditional discharge by any court for (a) any felony; (b) misdemeanor; or (c) any major traffic violation, such as: driving under the influence of intoxicants or drugs; reckless driving; fleeing from or attempting to elude a police officer; driving while your license was suspended, revoked, or used in violation of any license restriction; or failure to perform the duties of a driver or witness at an accident?
- \_\_\_\_\_ 9. Have you ever been arrested or cited for any offense listed in question 8 above which is still pending in the court?
- \_\_\_\_\_ 10. Have you ever entered a plea of guilty or "no contest" relative to any charge for an offense listed in question 8?
- \_\_\_\_\_ 11. Have you ever had any civil judgment or other court order entered against you resulting from abuse, assault, battery, harassment, intimidation, neglect, stalking, or other threatening behavior toward other people?

### Notes:

- 1. Any false statement knowingly made in this application is grounds for revocation or suspension of your license. If in doubt, disclose and explain rather than conceal. If you answer "no" to questions 8 through 11 based on an "expungement" order "setting aside" or "sealing" a record of a conviction or conditional discharge, you must personally verify with the court directly involved that the expungement, setting aside, or sealing actually has taken place. An erroneous belief that a conviction has been expunged, set aside, or sealed, when in fact it has not, will be deemed a false statement.
- 2. If you answer "yes," a certified true copy of the court record must accompany this application (if not previously submitted to the TSPC).
  - Check here if, for any "yes" answer, an explanation was provided with a prior application, in which case no further explanation is required at this time.

I hereby certify that the information submitted on or relating to this form is true and correct and grant the TSPC permission to check civil or criminal records to verify any statement made on this application. The commission may revoke any license upon evidence that the holder knowingly made false statements in the application for the license.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

# GEORGE FOX UNIVERSITY

## OREGON ADMINISTRATIVE LICENSURE PROGRAM

### PARTNERSHIP FOR DISTRICT/SCHOOL AND GEORGE FOX UNIVERSITY

In order to provide a quality program for the administrator licensure candidate, the district/school is a valuable and necessary partner with George Fox University. This document briefly outlines the expectations of this partnership.

#### 1. Mentors

The district/school works with the candidate and George Fox University faculty to provide a mentor(s) for the candidate. Criteria for selection of mentors will include a valid Oregon administrator license, administrative expertise at the building or district level, effective communication skills, and commitment to candidate’s learning experience.

Mentors for the George Fox University administrator licensure program are specified as follows:

**University Supervisors:** George Fox University faculty involved in the administrator licensure program who will oversee projects, experiences, portfolio development, and website postings.

**Primary Site Mentor:** Licensed administrator from the school where an Initial Administrator Licensure (IAL) practicum student is assigned who will oversee projects, experiences, and portfolio documentation.

**Alternative Site Mentor:** Licensed administrator from authorization level other than the IAL practicum student’s assignment. For example, if the student is a teacher at the high school level, this mentor would be from an elementary school who will work with the candidate to develop and oversee projects, experiences, and portfolio documentation pertaining to the alternative site.

**District Level Mentor:** Licensed administrator at the district level who will work with the candidate to develop and oversee projects, experiences, and portfolio documentation pertaining to Continuing Administrator Licensure.

If, for any reason, the district/school cannot provide a mentor, George Fox University will work to place candidate with a mentor in surrounding districts/schools.

#### 2. Field Experience for Administrator License Program – OAR 584-017-0280

The Oregon Teacher Standards & Practices Commission (TSPC) requires the unit to provide practica in public and/or approved private school settings for purposes of instruction, assessment of competency, and integration of field work with academic study.

Each candidate for an Initial Administrator License completes a practicum in a public or approved private school for 360 hours in early childhood/elementary AND in middle level/high school under the direct supervision of an institutional supervisor and a licensed school administrator.

Each candidate for a Continuing Administrator License completes a practicum in a public school district or approved private school for a minimum of 220 hours at the district level under the direct supervision of an institutional supervisor and a district administrator.

Each candidate assembles a portfolio which documents satisfactory performance in the following standards\*:  
1) Visionary Leadership; 2) Instructional Improvement; 3) Effective Management; 4) Inclusive Practice; 5) Ethical Leadership; and 6) Socio-Political Context.

\*OAR 584-017-0251 & 584-017-0261

By signing this document, the district/school agrees to 1) advise George Fox University in the selection of district/building mentor; 2) work with the candidate and George Fox University faculty to determine opportunities for practicum experiences; and 3) jointly assess the candidate’s demonstrated competencies based on licensure standards.

Candidate \_\_\_\_\_ Date \_\_\_\_\_

Building Administrator (or Designee) \_\_\_\_\_ Date \_\_\_\_\_

School Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Superintendent (or Designee) \_\_\_\_\_ Date \_\_\_\_\_

School Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

# GEORGE FOX UNIVERSITY

## ADMINISTRATIVE LICENSURE PROGRAM

### EDUCATIONAL EXPERIENCE VERIFICATION FORM

**Student - please complete the following section**

Name: \_\_\_\_\_ Social Security number: \_\_\_\_\_

School District/ESD: \_\_\_\_\_

Is this district located in Oregon?  Yes  No

If no, please provide the full mailing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position: \_\_\_\_\_

Did you hold a license appropriate to your position in the school/district?  Yes  No

Employed from: (MM/YYYY) \_\_\_\_\_ to \_\_\_\_\_ Full time  Part time \_\_\_\_\_ (FTE)

Position: \_\_\_\_\_

Did you hold a license appropriate to your position in the school/district?  Yes  No

Employed from: (MM/YYYY) \_\_\_\_\_ to \_\_\_\_\_ Full time  Part time \_\_\_\_\_ (FTE)

**Verifying school district official - please complete the following section**

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone number: \_\_\_\_\_

*I hereby certify that the employment information provided above is accurate and complete.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Submission Information:**

Please mail or fax completed form to:

EDFL Graduate Admissions  
George Fox University  
414 N. Meridian St., #6149  
Newberg, OR 97132

Phone: (503) 554-2266  
Fax: (503) 554-3110

# Graduate Program Recommendation Form

## George Fox University

### Department Of Educational Foundations And Leadership (EDFL)

*Preparing and supporting professionals who think critically, transform practice, and promote justice*

Thank you for taking the time to complete this evaluation for the prospective student who is interested in one of our EDFL graduate programs. The information provided will be used in assessment of student learning processes and in making decisions about admission.

Name of applicant \_\_\_\_\_

Name of person completing this form \_\_\_\_\_

Your position/title \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Length of time you have known the applicant \_\_\_\_\_ Capacity \_\_\_\_\_

- I am completing this form based upon firsthand (i.e., eye-witness) knowledge of the applicant's work with students in a school and/or community setting.
- Because I have no firsthand (i.e., eyewitness) knowledge of the applicant's work with students in a school and/or community setting, I am completing this form based upon my prediction of how the applicant will most likely perform in this graduate program.

**Please check one box in each row. If an item is not applicable, please indicate on the form. Please complete BOTH sides of this form.**

*Unsatisfactory*: Has no or limited skill in this area; *Emerging*: Is currently or will be able to do this adequately following instructions; *Proficient*: Is above average in this area/has or will be able to master it showing initiative; *Exemplary*: Is or will be exceptional in this area, so that others will ask this person's advice beyond his or her own work setting.

*The applicant has 1) the ability to and/or 2) or can learn to:*

Quality/Skill	No Basis for Judgment	Unsatisfactory	Emerging	Proficient	Exemplary
Think critically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transform practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promote learning for all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate a commitment to integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate multiple perspectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate courage to take action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Quality/Skill	No Basis for Judgment	Unsatisfactory	Emerging	Proficient	Exemplary
Demonstrate technology skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit strong written skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit strong oral skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit effective interpersonal skills with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit effective interpersonal skills with students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation of current job effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prediction of program completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(Optional) Please attach additional comments regarding your perception of the candidate's strengths and potential.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

This form should be completed by professionals or faculty members who have supervised you in the work place, observed your work with students or adults, and/or evaluated your academic work.



**GEORGE FOX**  
UNIVERSITY  
SCHOOL OF EDUCATION

**NCATE**

The Standard of Excellence  
in Teacher Preparation



GEORGE FOX  
UNIVERSITY