

**CANDIDATE DISPOSITION FORM**

**Candidate Name:** \_\_\_\_\_  Multiple Subject  Single Subject

**Candidate Program Level:**  Early School Experience  Teaching Practicum I  Teaching Practicum II

**To the respondent:** Effective credential candidates should enter our programs with certain dispositions and continue to develop those dispositions through the experiences provided in our professional programs. Please mark an “x” in the box that represents your rating of the dispositions, keeping in mind the candidate’s current program level. For explanations of each performance level and disposition, please see the rubric on the back of this form to guide you in your ratings. The purpose of this form is to guide and inform program faculty in their acceptance decisions and to monitor professional growth throughout the credential program.

Disposition	Needs Improvement	Developing	Acceptable
<b>Disposition #1</b> Appreciates and values human diversity, recognizes community and cultural norms, shows respect for students’ varied talents and perspectives, seeks to foster culturally-appropriate communications and demonstrates best practices in his or her field.			
<b>Disposition #2</b> Believes that all children can learn, appreciates their varying abilities and persists in helping all children achieve success.			
<b>Disposition #3</b> Committed to continuous, self-directed learning, critical thinking and reflection in order to refine instructional practice and deepen knowledge in the academic disciplines.			
<b>Disposition #4</b> Demonstrates pride in the education profession and participates in collaborative relationships with colleagues, students, parents, and social and professional communities and agencies.			
<b>Disposition #5</b> Committed to the expression and use of democratic values and is committed to creating a learning environment that fosters active engagement in learning and encourages positive social interaction.			

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_

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

Total hours spent in your classroom: \_\_\_\_\_ Dates from \_\_\_\_\_ to \_\_\_\_\_ Diverse classroom  yes  no

Number of English Language Learners in your classroom: \_\_\_\_\_

Recommend for Credential Program acceptance:  yes  no (Early Field Experience only)

*Additional comments are welcome.*