

# The Community School of the Arts

## Teacher Certification Form

### Perspective Teacher

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Community Member Yes \_\_\_ No \_\_\_  
EOU Student Yes \_\_\_ No \_\_\_  
Student's Major \_\_\_\_\_ Will student be teaching for credit Yes \_\_\_ No \_\_\_

### Evaluation Process

Please give brief description of your evaluation process and date \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Instructional Areas

Please list all areas that you feel this person is qualified to teach in:

Instrument _____	Level _____	Instrument _____	Level _____
Instrument _____	Level _____	Instrument _____	Level _____
Class _____	Level _____	Class _____	Level _____

### Comments

Please evaluate this persons strengths and weaknesses \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that to the best of my knowledge this individual is qualified to teach in the areas and at the levels mentioned above.

\_\_\_\_\_  
EOU Faculty Member

\_\_\_\_\_  
Date