Fitness to Teach Formal Review Form

Teacher candidate’s name: _________________________________________ ID#: @___________________

Check one: ________ Level I Review ________ Level II Review

Is the concern? (Check all that apply.)

☐ Academic Criteria          ☐ Personal & Prof Requirements
☐ Cultural & Social Attitudes & Behavior ☐ Emotional & Mental Abilities
☐ Physical Skills

Directions:
1. Write the category and subheadings from the FTT document that apply (ex. Personal & Professional Requirements, a., c., g.).
2. Please briefly describe the behavior, situation or class requirement that motivated you to complete this form and the setting(s) in which it was recognized. Use back of this sheet if necessary.

Student signature indicates notification regarding concern(s) and is not an indication of agreement.

Student Signature: _____________________________ Date: _______________________

Faculty signature indicates that the student has been informed in writing of the concern(s) and of the formal fitness to teach referral.

Faculty Name: ____________________________ Dep’t-Division: ______________________

Please Print

Faculty Signature: ______________________________________________________

Course title: ________________________________ Date: _______________________

Please Print

Rev. 2.1.08

Please return this form to the Office of the Associate Dean for Teacher Education, MB0.500