Professional Disposition Form for Bachelor of Science in Special Education: General Curriculum

TO BE FILLED OUT BY STUDENT:

Applicants Name:

____

Please type or print *Last* *First* *Middle*

Student ID#: 9 0 7 - __ __ - __ __ __ __

Check one: ___ I waive my right to view the completed form. ___ I do not waive my right to view the completed form.

- -

TO BE FILLED OUT BY FORMER OR CURRENT EMPLOYER/SUPERVISOR

Name of Reference:

____

Please type or print *Last* *First* *Middle*

Mailing Address:

____

Job Title:

____

Relationship
To Applicant: ____________________________________

Length of time you
have know applicant: ______________________

*Please place a **check mark** in the box that best represents your opinion of the applicant's character and/or attitudes.*

Disposition	Always	Usually	Seldom	Never	Unknown
Demonstrates ethical behaviors.					
Works well without direct supervision.					
Communicates clearly and effectively both orally and in writing.					
Accepts correction / constructive criticism.					
Acts to make changes following correction / constructive criticism.					
Demonstrates sensitivity to human diversity.					
Solves problems effectively.					
Perseveres when engaged in difficult tasks.					
Demonstrates appropriate social skills and gets along well with others.					
Demonstrates an appropriate work ethic (is punctual, prepared, completes work as directed).					
Accepts responsibility for assignments and sees them through to completion.					
Copes well in stressful situations					
Collaborates effectively with others to reach mutual goals.					
Accepts and is comfortable in leadership roles.					