

**Faculty Recommendation Form**  
 Bachelor of Science Health and Physical Activity Leadership  
 Department of Health Promotion and Physical Education

I \_\_\_\_\_ have worked with \_\_\_\_\_ in the following capacity/courses:  
Name of StudentName of Faculty Member

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Courses

I do not desire further access to this document. It is my understanding that this recommendation will be part of my application to the Health and Physical Activity Leadership program and that only HPAL program faculty may have direct access to this form.

Signature of Applicant

Date

**FACULTY USE ONLY**

Please respond to the following statements by circling the number in the designated column. For those items that are not observed/applicable, circle the "X".

<b>The higher the score, the more favorable the rating.</b>						<b>Not Observed/ Applicable</b>	
1.	Completes course assignments on time.	5	4	3	2	1	X
2.	Meets course requirements/standards as defined by the instructor.	5	4	3	2	1	X
3.	Demonstrates consistent and punctual attendance.	5	4	3	2	1	X
4.	Demonstrates <u>acquisition</u> of knowledge specific to the course/discipline.	5	4	3	2	1	X
5.	Demonstrates <u>application</u> of knowledge/skills specific to the course/discipline.	5	4	3	2	1	X
6.	Works effectively with and is respectful of peers/others.	5	4	3	2	1	X
7.	Demonstrates respect toward instructor.	5	4	3	2	1	X
8.	Demonstrates initiative and responsibility in course/professional activities.	5	4	3	2	1	X
9.	Communicates effectively verbally.	5	4	3	2	1	X
10.	Communicates effectively in written form.	5	4	3	2	1	X
11.	Exhibits a positive attitude.	5	4	3	2	1	X
12.							

Please comment on the student's potential as a professional in the field of Health and Physical Education:

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Recommended

Recommend with Reservation

Do Not Recommend

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Signature

Department

Date

*Faculty: Please submit the completed form to the HPAL Director.*