

## Fitness to Teach Level I Formal Review Form

Teacher candidate's name: \_\_\_\_\_ CWID: \_\_\_\_\_

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: \_\_\_\_\_  
Please Print

Faculty Signature: \_\_\_\_\_

Course title: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

Please return this form to the Office of Teacher Certification, Education North 202.