

## DISPOSITIONS SELF-EVALUATION

**CANDIDATE NAME:** \_\_\_\_\_

**PROGRAM:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**YOUR NAME:** \_\_\_\_\_

**Directions:** Indicate in the appropriate box (either “YES” or “NO”) with a check mark that reflects your disposition in each area. When completed, read and sign the second page.

**YES** = Acceptable performance or behaviors in this area

**NO** = Not acceptable performance or behaviors in this area

<b>REFLECTIVE PRACTITIONER</b>	<b>YES</b>	<b>NO</b>	<b>Evidence or comment about any “NO” rating:</b>
<b>PROFESSIONAL ETHICS</b> The candidate adheres to standards of ethical conduct including academic integrity and confidentiality.			
<b>COLLABORATION</b> The candidate interacts effectively with colleagues and other adults and collaborates effectively during group activities.			
<b>COMMITMENT TO TEACHING</b> The candidate values the profession of teaching. He or she exhibits a positive attitude and fairness toward schools, teaching, students and parents.			
<b>EMOTIONAL MATURITY</b> The candidate responds to frustration and stress appropriately.			
<b>PROFESSIONAL DEMEANOR &amp; RESPONSIBILITY</b> The candidate is prompt, is not unnecessarily absent, notifies appropriate individuals when absence is necessary, completes assignments on time, The candidate dresses appropriately for the situation, maintains appropriate hygiene and wears appropriate attire for teachers in the school. The candidate is poised and professional in his or her demeanor.			
The candidate is flexible and able to make adjustments to changing student needs and circumstances.			
<b>PROFESSIONAL FEEDBACK</b> The candidate is receptive and responsive to professional feedback incorporating suggestions into practice.			
<b>SELF-REFLECTION</b> The candidate reflects on and evaluates his or her own behavior and work, considers multiple perspectives of his or her own performance and recognizes his or her own difficulties or deficiencies and develops potential solutions.			

**DISPOSITIONS EVALUATION** *(cont.)*

<b>MULTICULTURALISM AND DEMOCRACY</b>	<b>YES</b>	<b>NO</b>	<b>Evidence or comment about any "NO" rating:</b>
<b>STUDENT FOCUS</b> The candidate demonstrates respect for students as valued and unique individuals.			
<b>COMMITMENT TO DIVERSITY</b> The candidate respects children and adults of varied cultural backgrounds, ethnicities, religions, sexual orientations, social classes, abilities, political beliefs and disabilities.			

<b>LOVE OF LEARNING &amp; STRONG FOUNDATION OF KNOWLEDGE</b>	<b>YES</b>	<b>NO</b>	<b>Evidence or comment about any "NO" rating:</b>
<b>PROBLEM SOLVING</b> The candidate is an active and effective problem solver in courses and in school.			
<b>COMMITMENT TO LEARNING</b> The candidate indicates a curiosity and interest in learning more about students and content areas.			
The candidate seeks out and takes advantage of opportunities for professional growth beyond the minimum expectations of what is required in classes.			

*Adapted from University of Nevada, Reno; College of Education; Ch. 8.1.13; 8.22.16*

I have read and understand that the dispositions outlined in the Dispositions Evaluation are required for candidates in the Department of Special Education. I understand that any faculty member or administrative staff may complete a dispositions evaluation at any time. If I receive a "no" in the evaluation of one (or more) disposition, the Student Review Committee will discuss the issue and either 1) develop and monitor an improvement plan that will be communicated with you, or 2) recommend disqualification from the Department of Special Education.

If I am recommended for an improvement plan, I understand that I must enact this plan and I do not have the right to appeal the improvement plan.

If I am recommended for disqualification, I have the right to appeal the disqualification via a written letter to the Department Chair that will be considered by the Student Review Committee. If my appeal is denied, I will be disqualified from the Department but retain the right to appeal this result via other university appeal processes. If my appeal is approved, I can continue in the Special Education department with an improvement plan.

Applicant Name (please print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_