

Reading Specialist Certification Program Professional Recommendation

Applicant's Name:

_Date: ____

The above named applicant has applied for an internship in the Reading Specialist Certification Program and has selected you to provide a professional reference. We would appreciate your comments as to the applicant's qualifications.

NOTE: This evaluation meets the requirements of the Family Education Rights and Privacy Act of 1974 in that the above named applicant has voluntarily requested that this recommendation be held strictly confidential and not revealed to him/her.

Performance Ranking of Applicant:

Please rate each performance item with a ranking based on current performance by the applicant.

Performance Item	Outstanding	Above Average	Satisfactory	Needs Improvement	Unsatisfactory	Not Observed
Relationship with Colleagues						
Presentation Skills						
Learner						
Adaptability						
Professionalism						
Resourcefulness/Initiative						
Effective Teacher						
Classroom Management Skills						
Critical Thinking Skills						
Open to Suggestions						
Attention to Detail						
Interpersonal Skills/Cooperation						
Positive Attitude						
Energy & Enthusiasm						
Rapport with Students						
Daily Preparation/Planning Skills						

COMMENTS: Make any additional comments you feel will be helpful to the committee reviewing this application.

* By checking this box, I affirm that this recommendation was completed by me and represents my sole personal evaluation of the named applicant.

*Name:	_Title:
Company or School:	Phone:
Address:	_City, State, Zip:

Please EMAIL the completed recommendation to: mary.retzloff@esc13.txed.net

