REGION 13
EDUCATION SERVICE CENTER

Teacher Certification
Professional Recommendation

Applicant's Name: _____ **Date:** _____

The above named applicant has applied for training leading to certification as a Teacher and has selected you to provide a professional recommendation. We would appreciate your comments about the applicant's qualifications for participation in the Teacher Certification Program.

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
Maturity/Judgment	☑	☐	☐	☐	☐	☐
Presentation Skills	☑	☐	☐	☐	☐	☐
Ability to do Academic Work	☑	☐	☐	☐	☐	☐
Adaptability	☑	☐	☐	☐	☐	☐
Professionalism	☑	☐	☐	☐	☐	☐
Resourcefulness/Initiative	☑	☐	☐	☐	☐	☐
Experience and Success in Training	☐	☑	☐	☐	☐	☐
Classroom Management	☐	☑	☐	☐	☐	☐
Critical Thinking Skills	☑	☐	☐	☐	☐	☐
Open to Suggestions	☑	☐	☐	☐	☐	☐
Attention to Detail	☐	☑	☐	☐	☐	☐
Interpersonal Skills/Cooperation	☑	☐	☐	☐	☐	☐
Positive Attitude	☑	☐	☐	☐	☐	☐
Energy & Enthusiasm	☑	☐	☐	☐	☐	☐
Desire to Work with Students	☑	☐	☐	☐	☐	☐
Daily Preparation/Planning Skills	☑	☐	☐	☐	☐	☐

Association and Employment of Applicant

What is your association to the applicant? _____

Approximate dates of association: _____

Was the applicant employed in your company/school? _____

If so, was the applicant asked (directly or indirectly) to leave your company/school? _____

Will this person require more than average supervision? _____

Would you employ (re-employ) this person again? _____

Would you want this person to teach your child(ren)? _____

Comments: Please make any additional comments you feel would 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: ………………………………………………………ecp@esc13.txed.net