

**Virginia Department of Education**  
**Commonwealth Talent Pool Recommendation Form**

We invite you to recommend distinguished classroom teachers and/or principals who have demonstrated all of the following:

- Exemplary instructional practices;
- Outstanding accomplishments and long-range potential to contribute to the profession; and
- Inspiring presence that motivates and impacts students, colleagues, and the community.

Please complete a separate form for each individual, including a one-page letter explaining how this person meets the criteria outlined in this letter.

**Incomplete forms will be eliminated from this process**

**THIS IS A CONFIDENTIAL PROCESS. INDIVIDUALS SHOULD NOT BE AWARE OF THIS RECOMMENDATION.**

You may wish to consider the following categories when recommending individuals. Please check those that apply to the educator you are recommending:

**Recommended Educator:** \_\_\_\_\_

Name

Classroom Teacher \_\_\_\_\_ Principal \_\_\_\_\_ Other (specify): \_\_\_\_\_

For teachers, grade(s) taught: \_\_\_\_\_ For principals, grade levels in building: \_\_\_\_\_

\_\_\_\_\_ Reading/English/Language Arts \_\_\_\_\_ Science/Mathematics \_\_\_\_\_ Social Studies

\_\_\_\_\_ Fine Arts \_\_\_\_\_ Other (please specify): \_\_\_\_\_

**Total Years in Education:** \_\_\_\_\_ **If a principal, number of years as an administrator:** \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Street

City

State

Zip

School Phone: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_ School Fax: (\_\_\_\_) \_\_\_\_\_

Educator's Supervisor: \_\_\_\_\_

Name

Title

Supervisor's Phone: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_ Supervisor's Fax: (\_\_\_\_) \_\_\_\_\_

**RATE** educator from 1-10 (10 being highest) on the following criteria and provide a paragraph to explain your rating.

- ✓ \_\_\_\_\_ **Exceptional educational talent as evidenced by outstanding instructional practices in the classroom, school, and profession**

---

---

---

---

- ✓ \_\_\_\_\_ **Outstanding accomplishment and strong long-range potential for professional and policy leadership**

---

---

---

---

- ✓ \_\_\_\_\_ **Engaging and inspiring presence that motivates and impacts students, colleagues, and the community**

---

---

---

---

**Cite evidence of student achievement gains as a result of the educator’s practices:**

---

---

---

---

**Cite awards the educator has received:**

---

---

---

**Other Comments:**

---

---

---

---

**Education**

Schools Attended

Degrees

Graduation Years

---

---

---

---

Indicate ethnicity of educator being recommended:

\_\_\_\_\_ White

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Asian

\_\_\_\_\_ Native or American Indian or Alaska Native

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

Please list the names and phone numbers of three references **other** than yourself. We will call and interview them. **They should have first-hand knowledge of the educator and his or her qualifications.**

\_\_\_\_\_  
Name Title ( ) Phone (W) ( ) Phone (H)

\_\_\_\_\_  
Name Title ( ) Phone (W) ( ) Phone (H)

\_\_\_\_\_  
Name Title ( ) Phone (W) ( ) Phone (H)

\_\_\_\_\_  
**YOUR Name Title ( ) Phone (W) ( ) Phone (H)**

**Return completed letter(s) and form(s) by June 15, 2001 to:  
Dr. Thomas A. Elliott, Assistant Superintendent  
Division of Teacher Education and Licensure  
Department of Education  
P. O. Box 2120  
Richmond, Virginia 23218-2120**