

**Virginia Department of Education  
Commonwealth Talent Pool**

**2002 Recommendation Form for Elementary Teachers and Administrators**

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**

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

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

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

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**Cite awards the educator has received:**

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**Other comments:**

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**Education**

Schools Attended

Degrees

Graduation Years

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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.**

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Name Title ( ) Phone (W) ( ) Phone (H)

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Name Title ( ) Phone (W) ( ) Phone (H)

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Name Title ( ) Phone (W) ( ) Phone (H)

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

Return completed letter(s) and form(s) by March 15, 2002 to:  
Dr. Thomas A. Elliott, Assistant Superintendent  
Division of Teacher Education and Licensure  
Department of Education  
P. O. Box 2120  
Richmond, Virginia 23218-2120