

Virginia Department of Education 2004 Commonwealth Talent Pool

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 Division: _____

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

School Attended	Degree	Graduation Year
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Indicate ethnicity of educator being recommended:

<input type="checkbox"/> White	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Asian	<input type="checkbox"/> Native or American Indian or Alaska Native
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> 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 April 15, 2004, to:

**Dr. Thomas A. Elliott, Assistant Superintendent
Division of Teacher Education and Licensure
Department of Education
P. O. Box 2120
Richmond, Virginia 23218-2120**