



**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:

<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)
_____	_____	(____) _____	(____) _____
<b>YOUR Name</b>	<b>Title</b>	<b>Phone (W)</b>	<b>Phone (H)</b>

**Return completed letter(s) and form(s) by Friday, June 2, 2006, to:**  
**Dr. Thomas A. Elliott, Assistant Superintendent**  
**Division of Teacher Education, Licensure, and Professional Practice**  
**Department of Education**  
**P. O. Box 2120**  
**Richmond, Virginia 23218-2120**