



800 Troy-Schenectady Road, Latham, NY 12110-2455
 518-213-6000 800-528-6208 Fax 518-213-6456
www.nysut.org/elt

RECOMMENDATION FORM

Part A – To be completed by the applicant

Last Name *First Name* *Middle Initial*

Street Address (PO Box) *City* *State* *Zip*

Part B – To be completed by the administrator/colleague

	Below Average	Average	Above Average	Inadequate Opportunity to Observe
Ability to work with others				
Creativity and Imagination				
Maturity				
Self-Confidence				
Communication Skills (Written)				
Communication Skills (Oral)				
Analytic Ability				
Motivation				
Technology Capability				
Peer Respect				
Leadership Ability				
Presentation Skills				

How long have you known the applicant? _____

In what capacity? _____

Please indicate the strength of your overall endorsement of the applicant by placing an "X" appropriate box:

Unable to Observe	Not Recommended	Recommended with Some Reservations	Recommended	Highly Recommended

Name (typed or printed) _____

Signature _____

Position _____ Employer _____

Address _____

Part C – Optional

Additional Comments:

Please mail this form to: NYSUT ELT
Attn: Cathy Yankowski
800 Troy Schenectady Road
Latham, NY 12110
or
Fax: 518-213-6456