# RECOMMENDATION FORM

## Part A – To be completed by the applicant

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address (PO Box)</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

## Part B – To be completed by the administrator/colleague

<table>
<thead>
<tr>
<th></th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Inadequate Opportunity to Observe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to work with others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creativity and Imagination</td>
<td></td>
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</tr>
<tr>
<td>Maturity</td>
<td></td>
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<tr>
<td>Self-Confidence</td>
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<tr>
<td>Communication Skills (Written)</td>
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<tr>
<td>Communication Skills (Oral)</td>
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</tr>
<tr>
<td>Analytic Ability</td>
<td></td>
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<tr>
<td>Motivation</td>
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<tr>
<td>Technology Capability</td>
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<tr>
<td>Peer Respect</td>
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<tr>
<td>Leadership Ability</td>
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<tr>
<td>Presentation Skills</td>
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</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Unable to Observe</th>
<th>Not Recommended</th>
<th>Recommended with Some Reservations</th>
<th>Recommended</th>
<th>Highly Recommended</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Name (typed or printed) _________________________________________________________

Signature _____________________________________________________________________

Position __________________________ Employer __________________________________

Address ______________________________________________________________________

**Part C – Optional**

Additional Comments:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Form can be mailed, faxed or emailed:

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800 Troy Schenectady Road
Latham, NY 12110

Fax: 518-213-6456 eltnwins@nysutmail.org

11469 2/5/19