

School Administrator Recommendation Form
For Rough Draft Purposes only – Submit Online

School Liaison Name _____ Date _____

Mentor Applicant _____ School _____

How long and in what capacity have you known this teacher? _____

*Based on classroom observations and professional interaction, please rank the teacher applicant in the following areas by selecting the appropriate rating: **1=Excellent** **5=Poor** **UN=Unknown***

Knowledge of beginning teacher development	1	2	3	4	5	UN
Conversant with ADEPT process	1	2	3	4	5	UN
Effective classroom management	1	2	3	4	5	UN
Knowledge and use of research-based instructional strategies	1	2	3	4	5	UN
Knowledge and use of effective student assessment	1	2	3	4	5	UN
Accommodation of diverse student needs	1	2	3	4	5	UN
Command of subject matter taught	1	2	3	4	5	UN
Integration of literacy	1	2	3	4	5	UN
Credibility with peers	1	2	3	4	5	UN
Credibility with administrators (exemplary record of professionalism)	1	2	3	4	5	UN
Interpersonal and communication skills	1	2	3	4	5	UN

Please describe the following:

Applicant's commitment to students: _____

Applicant's commitment to own professional growth and learning, including participation in preparation to develop as an effective mentor: _____

Applicant's ability to engage in non-evaluative, reflective conversations: _____

Other comments: _____

Mentor teachers should have record of improved student achievement over time. Evidence for this applicant was taken from the assessment instrument(s) listed (MAPS, DIBELS, PASS, EOCEP, course grades, etc. - list all that apply). _____

Clicking the Submit Recommendation button indicates that you personally completed this recommendation form.