



**Region 5 Education Service Center
Educator Certification Program
Professional Recommendation**

Applicant's Name _____

Date _____

You must have either employed or worked with the above in order to complete this reference.

The above named applicant has selected you as a source of reference. We would appreciate your comments as to the applicant's qualifications.

Note: When this reference is received in the Educator Certification Program office, it is held strictly confidential and not revealed to the above named applicant.

Check appropriate column for each item below	Superior	Above Average	Average	Fair	Poor	Do Not Know
Ability to present ideas						
Work habits						
Professional attitude						
Rapport with peers						
Resourcefulness						
Reliability						
Cooperation						
Professional Appearance						
Enthusiasm						
Other:						

- 1. Was the applicant employed in your company/school? Yes ___ No ___
- 2. Was the applicant asked (directly or indirectly) to leave your company/school? Yes ___ No ___
- 3. Will this person require a lot of supervision? Yes ___ No ___
- 4. Would you employ (or re-employ) this person? Yes ___ No ___

Comments: Make any additional comments you feel would be helpful to the committee reviewing this applicant.

Signature: _____ Position: _____

Print Name: _____ Firm: _____

Address: _____ Telephone: _____

Please mail or fax completed form to:
Region 5 ECP
350 Pine St. Suite 500
Beaumont, TX 77701
Fax: 409-951-1835
ramonaj@esc5.net