

# SCHOOL FACULTY RECOMMENDATION FORM

Applicant's Name: \_\_\_\_\_

Person completing recommendation form: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

On what do you base your recommendation of the applicant? Please check all that apply:

\_\_\_\_\_ Personal Acquaintance  
 \_\_\_\_\_ Reports of Instructors

\_\_\_\_\_ School Records  
 \_\_\_\_\_ Other Knowledge

Please respond to each of the areas below, giving your candid opinion of the applicant.

	Excellent	Good	Average	Below Average	No Basis for Rating
Ability to set and achieve goal					
Academic Progress					
Attendance/ Punctuality					
Attitude/Cooperation (relationships with others)					
Leadership (judgment, ability to lead and influence)					
Motivation (initiative, resourcefulness, self-starter)					
Quality of Performance (accuracy, neatness, thoroughness)					
Verbal Expression of ideas					
Written Expression of ideas					
Work Habits/ Organizational Skills (ability to plan, manage and execute)					
Willingness to work beyond expectations					

What are the special strengths of the applicant?

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Is there anything else you wish to share about the applicant?

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

School: \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Home number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_