



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

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:

Form can be mailed, faxed or emailed:

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800 Troy Schenectady Road
Latham, NY 12110

Fax: 518-213-6456

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