

PROFESSIONAL PERSONNEL RECOMMENDATION

_____ HAS SUBMITTED AN APPLICATION FOR THE POSITION OF _____
 in the Coudersport Area School District. It is requested that you evaluate this individual by completing this form. Please return the form to: Alanna R. Huck, Superintendent of Schools, Coudersport Area School District at the above address at your earliest convenience.

* * * *

In compliance with the Family Education Rights and Privacy Act the candidate may elect to have an open or confidential recommendation.

_____ I waive my rights to review this recommendation. (Confidential)

_____ I do not waive my rights to review this recommendation. (Non-confidential)

 Candidate's Signature

 Date

 Print Name of Person doing Reference

 Printed Position of Person doing Reference

PLEASE CHECK	Outstanding	Good	Satisfactory	Unsatisfactory	Cannot Answer
Judgment					
Character					
Self Control, Poise					
Tact					
Command of the English Language					
Classroom Voice					
Dependability					
Knowledge of Subject Area					
Responsive to Supervision					
Punctuality					
Planning Ability					
Rapport with Students					
Rapport with Faculty					
Enthusiasm					
Control of Pupils					
Adaptability					
Cooperation					
Courtesy					
Dedication					
Leadership					

Additional Comment on back.

 Date

 Signature

 Position