

**School Administrator Recommendation Form**

**for Participation in AEA/Drake University**

**ESL-Focused Partnership**

*Please include this cover page with all School Administrator Recommendations.*

**Name of Applicant:**

**First Middle Last**

**Intended Degree: AEA/Drake University ESL-Focused Partnership**

**The following is addressed towards the applicant:** *FERPA*, as amended, commonly known as the Buckley Amendment, allows applicants to inspect and review all material in their files, except for letters of recommendation written prior to January 1, 1975. Upon its completion and submission, Heartland AEA or Drake personnel will utilize this document to evaluate your qualifications to be admitted into the Heartland AEA/Drake ESL-Focused partnership. Before providing this form to the individual making a recommendation. Please acknowledge one of the following confidentiality statements.

**\_\_\_\_\_\_I waive the right to review this document**

**\_\_\_\_\_\_I do not waive the right to review this document**

**Signature of the Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_**

**The following is addressed towards the individual making a recommendation:** The above-named individual requests your recommendation for admittance to the AEA/Drake University ESL-Focused Partnership. We appreciate your cooperation in providing the following information regarding the applicant’s qualification. Upon completion, return this form to:

**Drake University - School of Education**

**Attn: Shelley Fairbairn, Ph.D.**

**2507 Forest Avenue**

**Des Moines, Iowa 50311**

or email to: **shelley.fairbairn@drake.edu**

**AEA/Drake University ESL-Focused Partnership**

*School Administrator Recommendation Form*

*Your input will be used to determine if the applicant is selected for participation in the Heartland AEA/Drake ESL-Focused Partnership with its associated funding.*

**Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **First Middle Last**

**For how long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**During this time, which of these best describes the applicant?**

**\_\_\_\_\_\_\_**The applicant was a teacher in my school district.

\_\_\_\_\_\_\_The applicant was an instructional coach in my school district.

**\_\_\_\_\_\_\_**The applicant was something other than a teacher or instructional coach. Please specify.

*Please indicate the point at which the applicant is best described within the listed areas. Use your own student body/ employees as a reference group.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Low**  | **Average** | **High** | **Cannot Judge** |
| General Intelligence |  |  |  |  |
| Knowledge of Teaching Field |  |  |  |  |
| Ability to Collaborate Effectively with Colleagues |  |  |  |  |
| Commitments to Working with Diverse Learners |  |  |  |  |
| Commitment to Working with Diverse Parents/Guardians |  |  |  |  |
| Flexibility |  |  |  |  |
| Work Ethic |  |  |  |  |
| Maturity |  |  |  |  |

**Do you have any additional comments regarding the applicant’s qualifications? If so please provide comments here or as an attached document.**

**Name of Evaluator: (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Street City State ZIP**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_*I acknowledge that this educator will need to complete two 10-hour practicum experiences as part of the ESL endorsement program.*** (Administrator, please initial)