



Recommendation from Administrator

To the applicant: Check one option and sign before sending this form to an administrator who is familiar with your work. Recommendation forms from *two* administrators are required.

_____ Yes, I hereby waive my rights to review the completed Recommendation Form.

_____ No, I do not waive my rights to review the completed Recommendation Form.

Candidate you may type your name as you agree to the above

Student ID

Date

To the recommending administrator: The candidate listed above is an applicant to the Preliminary Administrative Service Credential Program. Please complete the information requested below. Your cooperation is appreciated. Position held by the applicant during your association: _____

How long have you known this candidate? from: _____ to _____

What are the applicant's leading strengths in the position listed above and as a potential administrator or supervisor?

Please comment on the potential the applicant has to be an administrator.

Rate the applicant on the following traits. (1 is low, 5 is high)

_____ Is an effective teacher

_____ Has demonstrated leadership ability in developing the school's program

_____ Keeps records well and in good order

_____ Is interested in the success of all children

_____ Is involved in community activities

_____ Inspires other teachers to look to him/her for guidance and advice

_____ Shows a clear understanding of the school's program

_____ Plans well and follows through on the implementation of his/her plans

_____ Is self-motivated

_____ Accepts responsibility

_____ Maintains good relationships in the workplace

Name _____ Position: _____

Current Employer: _____ City: _____

Phone Number: _____ Date: _____ Email: _____

Please email this form from your work email to credentials@csuchico.edu **Do not return to the candidate.**