Attachment A, Memo No. 056-19

March 8, 2019

# Virginia Department of Education

# 2019 Commonwealth Talent Pool

## Recommendation Form for Secondary (6-12) Teacher and Administrator

Please recommend distinguished secondary (6-12) classroom teachers and/or principal/assistant who have demonstrated all of the following:

* Exceptional educational talent as evidenced by effective instructional practices and student learning results in the classroom and school;
* Exemplary educational accomplishments beyond the classroom that provide models of excellence for the profession;
* Individuals whose contributions to education are largely unheralded yet worthy of the spotlight;
* Early-to mid-career educators who offer strong long-range potential for professional and policy leadership; and
* Engaging and inspiring presence that motivates and impacts students, colleagues, and the community.

Please complete a separate form for each individual; include a typed one-page letter explaining how this person meets the criteria outlined in this letter. **Incomplete forms will be eliminated from this process.**

**THIS IS A CONFIDENTIAL PROCESS.**

**INDIVIDUALS SHOULD NOT BE AWARE OF THIS RECOMMENDATION.**

Check each category that applies to the educator you are recommending.

Name of Recommended Educator: (First, Middle, Last Name): Click here to enter text.

Virginia Educator License Number:Click here to enter text.

Please select your current position:

Choose an item.

For teachers, grade(s) currentlyteaching: Click here to enter text.

For principals, grade levels in building: Click here to enter text.

For teachers, indicate the area of assignment: Click here to enter text.

For teachers, indicate the area of assignment and list the assigned the courses taught:

Click here to enter text.

Total Years in Education: Click here to enter text.

If a principal/assistant principal, number of years as an administrator: Click here to enter text.

School Division: Click here to enter text.

School Name: Click here to enter text.

School Address: (Street, City, State, Zip) Click here to enter text.

School Phone: Click here to enter text. School Fax: Click here to enter text.

Educator’s Supervisor: Click here to enter text.

Supervisor’s Phone: Click here to enter text. Supervisor’s Fax: Click here to enter text.

Supervisor’s E-mail: Click here to enter text.

**RATE** educator from 1-10 (10 being highest) on the following four criteria and provide a paragraph to explain your rating. **Be detailed and thorough, providing examples whenever possible.**

1. **Exceptional educational talent as evidenced by effective instructional practices and student learning results in the classroom and school.**

Click here to enter text.

1. **Exemplary educational accomplishments beyond the classroom that provide models of excellence for the profession. Include committees, mentoring, awards, publications, and presentations.**

Click here to enter text.

1. **Strong long-range potential for professional and policy leadership including teacher leadership, mentoring. Predict the educator’s potential to remain in education for at least 25 more years and demonstrate and increase leadership impact in the profession.**

Click here to enter text.

1. **Engaging and inspiring presence that motivates and impacts students, colleagues, and the community. Do students perform at higher levels due to the educator, pursue certain careers, credit their success to the educator, etc.?**

Click here to enter text.

1. **Cite evidence of student achievement gains as a result of the educator’s practices:**

Click here to enter text.

## Cite awards the educator has received:

Click here to enter text.

## Other comments:

Click here to enter text.

## Education:

School, Degree, and Graduation Year: Click here to enter text.

School, Degree, and Graduation Year: Click here to enter text.

School, Degree, and Graduation Year: Click here to enter text.

## References:

Please list three professional references **other** than yourself. **Individuals referenced** **should have firsthand knowledge of the educator and his or her qualifications.**

Name: Click here to enter text. Title: Click here to enter text.

School Division: Click here to enter text.

Work Phone: Click here to enter text. Cell Phone: Click here to enter text.

Email: Click here to enter text.

Name: Click here to enter text. Title: Click here to enter text.

School Division: Click here to enter text.

Work Phone: Click here to enter text. Cell Phone: Click here to enter text.

Email: Click here to enter text.

Name: Click here to enter text. Title: Click here to enter text.

School Division: Click here to enter text.

Work Phone: Cell Phone: Click here to enter text.

Email: Click here to enter text.

## Recommended by:

***Please provide your name and contact information below!***

**YOUR Name:** Click here to enter text.Title:Click here to enter text.

School Division: Click here to enter text.

Work Phone: Click here to enter text. Cell Phone: Click here to enter text.

Email: Click here to enter text.

**Completed letter(s) and form(s) must be received by Friday, April 19, 2019. Send to:**

**Ms. Tara K. McDaniel**

**Director of Teacher Education**

**Department of Teacher Education and Licensure**

## Virginia Department of Education

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