

**Virginia Department of Education**  
**Commonwealth Talent Pool Recommendation Form**

We invite you to recommend distinguished classroom teachers and/or principals who have demonstrated all of the following:

- Exemplary instructional practices;
- Outstanding accomplishments and long-range potential to contribute to the profession; and
- Inspiring presence that motivates and impacts students, colleagues, and the community.

Please complete a separate form for each individual, including a 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.**

You may wish to consider the following categories when recommending individuals. Please check those that apply to the educator you are recommending:

**Recommended Educator:** \_\_\_\_\_  
Name

Classroom Teacher \_\_\_\_\_ Principal \_\_\_\_\_ Other (specify): \_\_\_\_\_

For teachers, grade(s) taught: \_\_\_\_\_ For principals, grade levels in building: \_\_\_\_\_

\_\_\_\_\_ Reading/English/Language Arts \_\_\_\_\_ Science/Mathematics \_\_\_\_\_ Social Studies  
 \_\_\_\_\_ Fine Arts \_\_\_\_\_ Other (please specify): \_\_\_\_\_

**Total Years in Education:** \_\_\_\_\_ **If a principal, number of years as an administrator:** \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street City State Zip

School Phone: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_ School Fax: (\_\_\_\_) \_\_\_\_\_

Educator's Supervisor: \_\_\_\_\_  
Name Title

Supervisor's Phone: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_ Supervisor's Fax: (\_\_\_\_) \_\_\_\_\_

RATE educator from 1-10 (10 being highest) on the following criteria and provide a paragraph to explain your rating.

✓ \_\_\_\_\_ **Exceptional educational talent as evidenced by outstanding instructional practices in the classroom, school, and profession**

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✓ \_\_\_\_\_ **Outstanding accomplishment and strong long-range potential for professional and policy leadership**

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✓ \_\_\_\_\_ **Engaging and inspiring presence that motivates and impacts students, colleagues, and the community**

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**Cite evidence of student achievement gains as a result of the educator's practices:**

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**Cite awards the educator has received:**

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**Other Comments:**

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**Education**

Schools Attended

Degrees

Graduation Years

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Indicate ethnicity of educator being recommended:

\_\_\_\_\_ White

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Asian

\_\_\_\_\_ Native or American Indian or Alaska Native

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

Please list the names and phone numbers of three references **other** than yourself. We will call and interview them. **They should have first-hand knowledge of the educator and his or her qualifications.**

_____	_____	(____)	(____)
Name	Title	Phone (W)	Phone (H)

_____	_____	(____)	(____)
Name	Title	Phone (W)	Phone (H)

_____	_____	(____)	(____)
Name	Title	Phone (W)	Phone (H)

_____	_____	(____)	(____)
<b>YOUR Name</b>	<b>Title</b>	<b>Phone (W)</b>	<b>Phone (H)</b>

**Return completed letter(s) and form(s) by June 15, 2001 to:  
Dr. Thomas A. Elliott, Assistant Superintendent  
Division of Teacher Education and Licensure  
Department of Education  
P. O. Box 2120  
Richmond, Virginia 23218-2120**