



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

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

Supervisor's Email: \_\_\_\_\_

**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, with examples whenever possible.

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

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2. \_\_\_ Exemplary educational accomplishments beyond the classroom that provide models of excellence for the profession. Include committees, mentoring, awards, publications, presentations.

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3. \_\_\_ Strong long-range potential for professional and policy leadership, i.e., predict the educator's potential to remain in education for at least 25 more years and demonstrate leadership in the profession.

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4. \_\_\_ 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.?

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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**

School Attended	Degree	Graduation Year
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Indicate ethnicity of educator being recommended:

- White
- Black or African American
- Asian
- Native American Indian or Alaska Native
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- Other (please specify): \_\_\_\_\_

Please list the names and phone numbers of three references other than you for the educator. We will call and interview them. They should know the educator currently and very well.

_____	_____	( ____ ) ____ - ____	( ____ ) ____ - ____	_____
Name	Title	Phone (W)	Phone (H)	Email
_____	_____	( ____ ) ____ - ____	( ____ ) ____ - ____	_____
Name	Title	Phone (W)	Phone (H)	Email
_____	_____	( ____ ) ____ - ____	( ____ ) ____ - ____	_____
Name	Title	Phone (W)	Phone (H)	Email
_____	_____	( ____ ) ____ - ____	( ____ ) ____ - ____	_____
YOUR Name	Title	Phone (W)	Phone (H)	Email

Return completed letter(s) and form(s) to:  
**Jennifer Pooler**  
 Maine Department of Education  
 23 State House Station  
 Augusta, ME 04333-0023  
 By: April 29, 2011