



TRAINEESHIP PROFESSIONAL RECOMMENDATION

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION

OFFICE OF SPECIAL EDUCATION

SFN 53154 (02/2017)

A Professional Recommendation form must be completed by an Administrator **and** a Colleague.

Completed by Applicant's Administrator

Completed by Applicant's Colleague

Name of Applicant	Person Completing Recommendation
-------------------	----------------------------------

Please print or type responses describing the applicant's skills & abilities. Thoroughness and examples are critical to the applicant scoring process.

Describe the applicant's flexibility in working with students with varying needs
Describe the applicant's ability to work with other professionals
Describe the applicant's ability to work with parents and community
Describe the applicant's written and oral communication skills
What is this person's best quality as a teacher? What would you identify the applicant's contribution to special education?
Other comments

Applicant must return this recommendation, along with a complete application packet to DPI.

Signature	Date
-----------	------

Revisions to this recommendation, late, or faxed copies will not be accepted.