



TRAINEESHIP PROFESSIONAL RECOMMENDATION

DEPARTMENT OF PUBLIC INSTRUCTION

SPECIAL EDUCATION DIVISION

SFN 53154

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

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

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

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