

PROFESSIONAL RECOMMENDATION

Please email the completed recommendation to: leadership@esc13.txed.net

Applicant's Name: _____ **Date:** _____

The above named applicant has applied to the Texas Superintendents' Certification Institute (TSCI) and has selected you to provide a professional recommendation. We would appreciate your comments about the applicant's qualifications for service as an LEA administrator. This professional recommendation will be used by program staff in the selection process for joining the current program year cohort of the Texas Superintendents' Certification Institute. Note: This evaluation meets the requirements of the Family Education Rights and Privacy Act of 1974 in that the above named applicant has voluntarily requested that this recommendation be held strictly confidential.

Section I: Performance Ranking

Please rate each performance item with a ranking based on current performance by the applicant. Click the box next to the appropriate abbreviation.

Ranking Abbreviations

Su - Superior

AA - Above Average

Av - Average

BA - Below Average

NO - Not Observed/Do Not Know

Performance Items

Ranking

Formulating goals with individuals or groups

☐ Su ☐ AA ☐ Av ☐ BA ☐ NO

Guiding groups to accomplish tasks

☐ Su ☐ AA ☐ Av ☐ BA ☐ NO

Setting priorities to meet student needs

☐ Su ☐ AA ☐ Av ☐ BA ☐ NO

Setting priorities to meet staff needs

☐ Su ☐ AA ☐ Av ☐ BA ☐ NO

Integrating own and others' ideas for task accomplishment

☐ Su ☐ AA ☐ Av ☐ BA ☐ NO

Gathering data, facts, and impressions

☐ Su ☐ AA ☐ Av ☐ BA ☐ NO

Classifying and organizing information

☐ Su ☐ AA ☐ Av ☐ BA ☐ NO

Identifying the key elements of problems

☐ Su ☐ AA ☐ Av ☐ BA ☐ NO

Identifying the possible causes of problems

☐ Su ☐ AA ☐ Av ☐ BA ☐ NO

Identifying additional information needs

☐ Su ☐ AA ☐ Av ☐ BA ☐ NO

Identifying possible problem solutions

☐ Su ☐ AA ☐ Av ☐ BA ☐ NO

Assisting others to reason clearly about problems

☐ Su ☐ AA ☐ Av ☐ BA ☐ NO

Reaching logical conclusions

☐ Su ☐ AA ☐ Av ☐ BA ☐ NO

Making timely/correct decisions given available information

☐ Su ☐ AA ☐ Av ☐ BA ☐ NO

Planning and scheduling one's own work

☐ Su ☐ AA ☐ Av ☐ BA ☐ NO

Planning and scheduling others' work	<input type="checkbox"/> Su <input type="checkbox"/> AA <input type="checkbox"/> Av <input type="checkbox"/> BA <input type="checkbox"/> NO
Monitoring projects to meet deadlines	<input type="checkbox"/> Su <input type="checkbox"/> AA <input type="checkbox"/> Av <input type="checkbox"/> BA <input type="checkbox"/> NO
Putting plans and programs into action	<input type="checkbox"/> Su <input type="checkbox"/> AA <input type="checkbox"/> Av <input type="checkbox"/> BA <input type="checkbox"/> NO
Keeping plans on track	<input type="checkbox"/> Su <input type="checkbox"/> AA <input type="checkbox"/> Av <input type="checkbox"/> BA <input type="checkbox"/> NO
Adapting to changing conditions	<input type="checkbox"/> Su <input type="checkbox"/> AA <input type="checkbox"/> Av <input type="checkbox"/> BA <input type="checkbox"/> NO
Delegating projects or tasks to others	<input type="checkbox"/> Su <input type="checkbox"/> AA <input type="checkbox"/> Av <input type="checkbox"/> BA <input type="checkbox"/> NO
Building commitment to a course of action	<input type="checkbox"/> Su <input type="checkbox"/> AA <input type="checkbox"/> Av <input type="checkbox"/> BA <input type="checkbox"/> NO
Encouraging others' participation	<input type="checkbox"/> Su <input type="checkbox"/> AA <input type="checkbox"/> Av <input type="checkbox"/> BA <input type="checkbox"/> NO
Giving positive feedback for effective performance	<input type="checkbox"/> Su <input type="checkbox"/> AA <input type="checkbox"/> Av <input type="checkbox"/> BA <input type="checkbox"/> NO
Giving coaching/guidance/correction for poor performance	<input type="checkbox"/> Su <input type="checkbox"/> AA <input type="checkbox"/> Av <input type="checkbox"/> BA <input type="checkbox"/> NO
Dealing with others tactfully	<input type="checkbox"/> Su <input type="checkbox"/> AA <input type="checkbox"/> Av <input type="checkbox"/> BA <input type="checkbox"/> NO
Working with others in emotionally stressful situations	<input type="checkbox"/> Su <input type="checkbox"/> AA <input type="checkbox"/> Av <input type="checkbox"/> BA <input type="checkbox"/> NO
Recognizing multi-cultural sensibilities	<input type="checkbox"/> Su <input type="checkbox"/> AA <input type="checkbox"/> Av <input type="checkbox"/> BA <input type="checkbox"/> NO
Managing conflict	<input type="checkbox"/> Su <input type="checkbox"/> AA <input type="checkbox"/> Av <input type="checkbox"/> BA <input type="checkbox"/> NO
Making clear, easy to understand oral presentations	<input type="checkbox"/> Su <input type="checkbox"/> AA <input type="checkbox"/> Av <input type="checkbox"/> BA <input type="checkbox"/> NO
Clarifying and restating questions	<input type="checkbox"/> Su <input type="checkbox"/> AA <input type="checkbox"/> Av <input type="checkbox"/> BA <input type="checkbox"/> NO
Reviewing and summarizing for groups	<input type="checkbox"/> Su <input type="checkbox"/> AA <input type="checkbox"/> Av <input type="checkbox"/> BA <input type="checkbox"/> NO

Section II: Additional Comments

Please make any additional comments you feel would be helpful to the committee reviewing this application.

Section III: Verification and Contact Information

*☐ By checking this box, I, _____, affirm that this recommendation was completed by me and represents my sole personal evaluation of the named applicant. I understand that I will be contacted by TSCI program staff to verify the contents of this recommendation form.

Name: _____

Firm: _____

Title: _____

Phone: (____) _____

Address: _____

City/State/Zip: _____