

University of Dallas
Department of Education

PLACEMENT FILE – RECOMMENDATION

Important: This reference form will be reproduced. Please do not write on the back. Please type or print with black ink.

Student: _____ has registered with this office for a teaching position and would appreciate your recommendation.

In what capacity do you know this applicant? _____

How long have you known this applicant? From _____ To _____

Please complete the items below by indication a number as follows:

5 = Superior; 4 = Very Good; 3 = Good; 2 = Fair; 1 = Poor

Ability to originate and act upon own ideas _____

Ability to integrate and correlate ideas _____

Ability to express self orally _____

Ability to express self in writing _____

Attitude toward work and self-motivation _____

Ability as a leader _____

Personal appearance _____

Poise and self control _____

Sense of responsibility _____

Professionalism _____

Potential as a teacher, all things considered _____

General Remarks: Please state any further information that you feel is pertinent for the placement of this applicant on the second page.

Print Name

Sign Name

Date

