# Applicant Recommendation

**Instructions**: Use this form as a starting point for your development efforts. Customize this form, adding relevant information as appropriate or removing information that does not apply to your situation.

Name of Applicant: [Insert applicant name]

Name of Recommender: [Insert recommender name]

Recommender’s Position: [Insert recommender’S position]

Professional Relationship to the Applicant: [Insert relationship to applicant]

Recommender’s Contact Information: [Insert recommender’s INFORMATION]

Please answer the following questions related to the applicant’s abilities and professionalism:

1. Briefly describe the candidate’s leadership skills and related leadership experience.
2. How well does the applicant collaborate, facilitate, compromise, and promote resolution when working in a group?
3. Do you feel the applicant would be a strong candidate to represent [Insert organization/cadre name]? Why or why not?
4. Are there any additional comments you would like to share about this candidate?

## Note to Supervisor

[Enter any relevant comments a supervisor may need to know about the training cadre or scope of work]

**Example:** If the applicant is selected to serve as a member of the Health and Physical Education Cadre of Trainers, he/she would be required to attend trainings which may interfere with the regular work schedule. In the case of classroom teachers, the organization will reimburse the district for substitute costs associated with Cadre meetings. However, the goal of the Training Cadre is to create a well-trained group of educators from across the state regarding Health and Physical Education assessments and standards. In turn, the Cadre members may be asked to provide training at the school or district level. The substitute costs for such trainings may not be reimbursed by the organization and may be negotiated by the teacher and district

Given this commitment, if the applicant is selected for the Training Cadre, are you willing to release the candidate to work on this team as described above?

| Check Box | Response |
| --- | --- |
| [ ]  | Yes, if selected, I support the candidate’s participation in the [Insert training cadre name] Training Cadre. |
| [ ]  | No, if selected, I do not support the candidate’s participation in the [Insert training cadre name] Training Cadre. |

Name (printed):

Signature:

Date: