

# Massachusetts Department of Elementary and Secondary Education

## Distinguished Secondary Educator Recommendation Form

We invite you to recommend distinguished classroom teachers (6-12) and/or middle/high school principals who have demonstrated all of the following:

- Exceptional educational talent as evidenced by effective instructional practices and student learning results in the classroom and school;
- Exemplary educational accomplishments beyond the classroom that provide models of excellence for the teaching profession;
- Individuals whose contributions to education are largely unheralded yet worthy of the spotlight;
- Strong long-range potential for professional and policy leadership; and
- Engaging and inspiring presence that motivates students, colleagues, and the community.

Please complete a separate form for each individual and **include an additional one-page letter** explaining how this person meets the above criteria. If possible, include the educator's résumé.

**Incomplete forms will be eliminated from this process.**

**THIS IS A CONFIDENTIAL PROCESS.**  
**INDIVIDUALS SHOULD NOT BE AWARE OF THIS RECOMMENDATION.**

**Recommended Educator:** \_\_\_\_\_

Classroom Teacher \_\_\_\_\_ Principal \_\_\_\_\_ Other(specify): \_\_\_\_\_

For teachers, grade(s) **currently** teaching: \_\_\_\_\_ For principals, grade levels in building: \_\_\_\_\_

\_\_\_\_ Reading/English Language Arts    \_\_\_\_ Science    \_\_\_\_ Mathematics    \_\_\_\_ Social Studies  
\_\_\_\_ Fine Arts    \_\_\_\_ Foreign Language (Specify) \_\_\_\_\_ Other (Specify) \_\_\_\_\_

**Total Years in Education:** \_\_\_\_\_ **If a principal, number of years as an administrator:** \_\_\_\_\_

Will this person be at the same school site and in the same position next year? \_\_\_\_\_

School District: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: (\_\_\_\_) \_\_\_\_\_ School Fax: (\_\_\_\_) \_\_\_\_\_

Educator's Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor's Phone: (\_\_\_\_) \_\_\_\_\_ Supervisor's Fax: (\_\_\_\_) \_\_\_\_\_

Supervisor's Email: \_\_\_\_\_

Please **RATE the educator from 1-10 (10 being the highest)** on the following four criteria and provide a paragraph to explain your rating. Be detailed and thorough, with examples whenever possible.

1. \_\_\_\_\_ **Exceptional educational talent as evidenced by effective instructional practices and student learning results in the classroom and school.**

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2. \_\_\_\_\_ **Exemplary educational accomplishments beyond the classroom that provide models of excellence for the profession. Include committees, mentoring, awards, publications, and presentations.**

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3. \_\_\_\_\_ **Strong, long-range potential for professional and policy leadership, i.e., predict the educator's potential to remain in education for at least 20-25 more years and demonstrate leadership in the profession.**

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4. \_\_\_\_\_ **Engaging and inspiring presence that motivates and impacts students, colleagues and the community. Do students perform at higher levels due to the educator, pursue certain careers, credit their success to the educator, etc.?**

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**Cite evidence of student achievement gains as a result of the educator's practices.**

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Cite awards the educator has received.

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**Other Comments**

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**Education:**

**College(s) Attended**

**Degrees**

**Graduation Years**

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Please indicate ethnicity of educator being recommended:

White                       Black or African American                       Asian                       Hispanic or Latino  
 Native American Indian or Alaska Native                       Native Hawaiian or Other Pacific Islander  
 Other (please specify): \_\_\_\_\_

Please list the names and phone numbers of three references other than you *who would be willing to speak to a representative of the Department of Elementary and Secondary Education* about the educator. **They should know the educator currently and very well.**

1. **Name** \_\_\_\_\_ **Title** \_\_\_\_\_

Phone (W)(\_\_\_\_\_) \_\_\_\_\_ Phone (H)(\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

2. **Name** \_\_\_\_\_ **Title** \_\_\_\_\_

Phone (W)(\_\_\_\_\_) \_\_\_\_\_ Phone (H)(\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

3. **Name** \_\_\_\_\_ **Title** \_\_\_\_\_

Phone (W)(\_\_\_\_\_) \_\_\_\_\_ Phone (H)(\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Your Name** \_\_\_\_\_ **Title** \_\_\_\_\_

Phone(W)(\_\_\_\_\_) \_\_\_\_\_ Phone (H)(\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Please return completed form(s) by **Friday, May 15, 2009.**  
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