

Talent Pool Recommendation Form

We invite you to recommend distinguished classroom teachers and/or 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 profession;
- Individuals whose contributions to education are largely unheralded yet worthy of the spotlight;
- Early- to mid-career educators who offer strong long-range potential for professional and policy leadership; and
- Engaging and inspiring presence that motivates and impacts students, colleagues and the community.

Please complete a separate form for each individual including a one-page letter explaining how this person meets the criteria outlined in this letter. Please include a resume for each recommendation.

Incomplete forms will be eliminated from this process.

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

Name of 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 (please specify): \_\_\_\_\_    \_\_\_ Other (please specify): \_\_\_\_\_

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

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

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

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

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

School Phone: (\_\_\_\_) \_\_\_\_\_ Street \_\_\_\_\_ City State Zip  
Ext: \_\_\_\_\_ School Fax: (\_\_\_\_) \_\_\_\_\_

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

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

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

**RATE** educator from 1-10 (10 being 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.

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

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.

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.?

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

Cite awards the educator has received:

Other comments:

Education

Schools Attended

Degrees

Graduation Years

Indicate ethnicity of educator being recommended:

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

Please list the names and phone numbers of three references other than you for the educator. We will call and interview them. They should know the educator currently and very well.

Name	Title	Phone (W)	Phone (H)	Email
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Name	Title	Phone (W)	Phone (H)	Email
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Name	Title	Phone (W)	Phone (H)	Email
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Your Name	Title	Phone (W)	Phone (H)	Email
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Return completed letter(s) and form(s) to:

Gloria Stephens  
Coordinator of Special Projects  
Arkansas Department of Education  
Four Capitol Mall, Room 403-A  
Little Rock, AR 72201

**By Friday, March 26, 2010**