



Letter of Professional Recommendation

To be filled in by applicant:

Mr. / Miss / Mrs. / Ms

 (Last Name) (First Name) (Middle Name)

To be read by applicant and recommender:

Under the Family Educational Rights and Privacy Act of 1974, a successful applicant for employment at Harvest Christian Academy to his or her employment records, including letters of recommendation. However, an applicant may waive the right to see letters of recommendation, in which case such letters will be held in confidence. If an applicant has not signed a waiver, then it is assumed that this letter or recommendation is submitted with the recommender's understanding that the applicant, once employed by Harvest Christian Academy may request to see the letter. Consideration of the application will not be affected in any way by the applicant's decision whether or not to waive the right of inspection.

If you wish to waive your right to examine this letter of recommendation, please sign here.

 (Signature of Applicant) (Date)

To be completed by the recommender:

The individual noted above is applying for a teaching position at Harvest Christian Academy (HCA). He/she has given your name as a reference.

Please complete this form and return it to the attention of:

Central Office
 Harvest Christian Academy
 1000 North Randall Road
 Elgin, Illinois 60123

Objective: Please evaluate the applicant in the following areas.
(For any are that you do not feel qualified to assess, please check N/A.)

	Excellent	Good	Fair	Concern	N/A
Teaching style					
Parent relationships					
Student relationships					
Colleague relationships					
Social skills					
Classroom discipline					
Creativity					
Critical thinking					
Initiative					
Follow through					
Teachability					
Flexibility					
Response to authority					
Team partnership					
Communication skills					
Ethics					
Christian testimony					
Ability to use data for lesson planning					

Key to scale: Excellent Represents the top 20% of your experience in this specific area
 Good Represents the top 40% of your experience in this specific area
 Fair Represents between 40 – 60% of your experience in this specific area
 Concern Represents the lower 20 – 40% of your experience in this specific area
 N/A Unable to assess this area

Narrative

How long have you know the applicant? In what capacity?

Do you feel the applicant is qualified for the position being sought?

What do you feel are the candidate's strongest qualities?

What areas, if any, represent areas of weakness or growth do you perceive in the applicant?

Do you know of any situations or conditions that would be of concern in our consideration of the candidate?

Is there any other information that you would like to provide that could be of help in our consideration of the candidate?

Name of Recommender (please print)

Date

Title and Department

at

College, University, School

Address & Phone

Signature