

**HUSTON-TILLOTSON UNIVERSITY
ALTERNATIVE TEACHER CERTIFICATION PROGRAM**

PROFESSIONAL RECOMMENDATION

Applicant's Name _____ Date _____

The above named applicant has selected you as a source of reference. We would appreciate your comments as to the applicant's qualifications.

Note: This evaluation meets the requirements of the Family Education Rights and Privacy Act of 1974 in that the above named applicant has voluntarily requested that this recommendation be held strictly confidential and not revealed to him/her.

<i>Check appropriate column for each item below</i>	Superior	Above average	Average	Fair	Poor	Do not know	Comments
Ability to present ideas							
Work habits							
Professional attitude							
Rapport with peers							
Resourcefulness							
Reliability							
Cooperation							
Professional appearance							
Enthusiasm							
Other:							

Comments: Please use the back of this page to make any additional comments you feel helpful to the committee reviewing this application.

Signature _____ Type or print name _____

Title _____ Firm _____

Address _____ Telephone () _____

Street Name & No. (Apt. #, if applicable) City, State, Zip

Please return this recommendation to _____ Email _____

Huston-Tillotson University
Alternative Teacher Certification Program
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