

NEW TEACHER RECOMMENDATION FORM

BUILDING: _____ PRINCIPAL: _____

CANDIDATE NAME: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

POSITION: _____ Replacement New

ASSIGNMENT: _____ HOURS (FTE): _____

CERTIFICATION: Elementary Secondary ENDORSEMENTS: _____

ANTICIPATED START DATE: _____

INTERVIEW DATE/TIME: _____

INTERVIEWING COMMITTEE:

REFERENCES

1. NAME OF REFERENCE: _____ POSITION: _____
COMMENTS:

2. NAME OF REFERENCE: _____ POSITION: _____
COMMENTS:

3. NAME OF REFERENCE: _____ POSITION: _____
COMMENTS:

Please send completed form to Mary Beth LaChance mlachance@rochester.k12.mi.us