

Grow Our Own Grant-Funded Scholarships • Recommendation Form

Scholarship applicant should complete the top portion of this form and distribute it to two supervisors; at least one must be a current administrator. The completed form should be sent directly to Chris Corson in the Conroe ISD Human Resources Department by the supervisors.

Applicant name: _____ EIN: _____

Scholarship (Please check): Bilingual Teacher Bilingual Administrator Diagnostician/SLP

Confidential reference: Please send directly to: Conroe ISD Human Resources Attention: Chris Corson
3205 W Davis St. • Conroe, TX 77304
or email: ccorson@conroeisd.net

The above named person has applied for a scholarship through the Conroe ISD Human Resources Department and has asked that you supply the information requested below.

1. Your personal knowledge of the applicant (please check all that apply):

- I have supervised the applicant. From _____ to _____
 worked with the applicant as a colleague.
 other _____.

	Excellent	Good	Average	Low	Unknown
2. Achievement of Instructional Objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Organization and Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Intellectual Capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Energy and Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Relationships with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Decision Making Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. If this person were certified/licensed and seeking a position in the role indicated by the type of scholarship for which he/she is applying, would you hire him/her on your campus?

- (Please check one.) Consider as a top candidate. Consider as a last resort only.
 Reject as completely unsuitable. Consider seriously but solicit other applicants.

13. Are you aware of any activities in which this candidate participated that are above and beyond their typical job duties that would help prepare them for the position? Please explain.

Additional comments:

If you need additional space for comments, please use another page and staple to this form.

Signature: _____ Date: _____

Print name: _____ Position: _____

Telephone number: _____ Email: _____

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