

Talent Pool Recommendation Form

NDE Form #10-004

We invite you to recommend distinguished classroom teachers, specialists, and/or principals who have demonstrated all of the following:

- Exceptional educational talent as evidenced by effective and innovative instructional practices and student learning results in the classroom and school;
- Exemplary educational accomplishments and leadership 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 you recommend.*
- *Please include a one-page letter explaining how this person meets the criteria outlined in this letter. (Optional)*
- *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? Yes No If no, please explain

School District:

School Name:

School Address:

City: State: Zip Code:

School Phone: School Fax:

Educator's Supervisor (Name and Title):

Supervisor's Phone: Supervisor's Fax:

Supervisor's Email: 2020 Revised

RATE educator from 1-10 (10 being highest) on numbers 1 through 4 and provide a paragraph to explain your rating. Be detailed and thorough, with examples whenever possible. (text boxes will expand as you type)

1. Exceptional educational talent as evidenced by effective instructional and innovative **practices** and student learning **results** in the classroom and school.

Rating (1-10):

2. Exemplary educational accomplishments and **leadership beyond the classroom** that provide models of excellence for the profession. Include committees, mentoring, news items, publications, presentations.

Rating (1-10):

3. Strong long-range potential for professional and policy leadership including teacher leadership, mentoring. Predict the educator's potential to remain in education **for at least 25 more years** and demonstrate and increase leadership impact in the profession.

Rating (1-10):

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.?

Rating (1-10):

[Empty rectangular box]

Cite evidence of student achievement gains as a result of the educator's practices, *even if from a previous year*:

[Empty rectangular box for student achievement evidence]

Cite awards the educator has received:

[Empty rectangular box for awards received]

Other Comments, *including leadership or practices during the school closures*:

[Empty rectangular box for other comments]

Education:
(Please list Schools Attended, Degrees, and Graduation Years)

[Empty rectangular box for education information]

Indicate ethnicity of educator being recommended:

Hispanic or Latino Yes No

Indicate the race of educator being recommended (select all that apply):

White Asian Black or African American Native American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander Other (Please specify):

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

Name:

Title:

Work Phone: Home Phone:

Email:

Name:

Title:

Work Phone: Home Phone:

Email:

Name:

Title:

Work Phone: Home Phone:

Email:

YOUR Name: Title:

Work Phone: Home Phone:

Email:

Return Completed letter(s) and form(s) by October 26, 2020 to:

Lora Sypal, Executive Office Associate, Office of the Commissioner,
Nebraska Department of Education, P.O. Box 94987, Lincoln, NE 68509-4987