

Principal Recommendation Form
for the One Year Supervised Practicum

Name of Applicant:

Grade Level or Subject Area:

Years at your school:

Is the applicant organized?

Low 1 2 3 4 5 High

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Explain if needed:

Is the applicant responsible?

Low 1 2 3 4 5 High

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Explain if needed:

Does the applicant have the personal initiative to complete the program?

Low 1 2 3 4 5 High

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Explain if needed:

Is there a reason that the applicant may not be able to complete the program?

YES _____ NO _____

Explain if needed:

Do you have a staff member who is certified in the same area who may be willing to serve as a mentor as part of the Candidate Support Team for this applicant?

YES _____ NO _____

Explain if needed:

In your professional opinion, would you recommend this applicant for the Office of Catholic Schools One Year Supervised Practicum?

Yes, with enthusiasm _____ Yes, with reservations _____
Yes _____ No _____

Areas of growth during the OYSP (Please check (V) if needed)

_____ Planning and Preparation _____ The Classroom Environment
_____ Instruction _____ Professional Responsibilities

Signature: _____ Date: _____

Please complete and send directly to: Ceci McAuliffe
Office of Catholic Schools
2401 Lake Park Drive SE
Smyrna, GA 30080
Or via email : cmcauliffe@archatl.com