



Professional or Academic Recommendation Form for  
Post-baccalaureate Teacher Certification Program  
(PBTCP)

Post-baccalaureate  
Teacher Certification Program

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Certification Field \_\_\_\_\_

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.

Check the column for each dimension below.	Superior	Above Average	Average	Fair	Poor	Do not know	Comments
Ability to present ideas orally							
Ability to present ideas in writing							
Work habits							
Professional attitude							
Rapport with peers							
Resourcefulness							
Reliability							
Cooperation							
Professional appearance							
Enthusiasm							
Other							

Comments: Please make additional comments on the back of this form or on an attachment to this form. Your comments will greatly assist us in making an informed decision regarding this applicant's application.

Name \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail address \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Signature \_\_\_\_\_

Please return this form at your earliest convenience to  
Department of Education (PBTCP)  
Texas Lutheran University  
1000 W. Court  
Seguin, TX 78155

Phone: 830.372.6557 • FAX 830.372.6362  
[pbtcp@tlu.edu](mailto:pbtcp@tlu.edu) • [www.tlu.edu/pbtcp](http://www.tlu.edu/pbtcp)

Thank you very much for your time and attention to this matter.