



Bay City Independent School District

GROW OUR OWN APPLICATION PACKET – Section C -Principal Recommendation

Confidential

_____ is an applicant for the “Grow Our Own” Teacher Certification Program. Please complete this form and return to: Lisa Volkmer, Chief Human Resource/Federal Compliance Officer at Bay City ISD Administration Building, 520 7th Street, Bay City.

1. How long have you worked with the applicant? ____Years ____Months
2. In what teaching capacity has this applicant worked? _____

3. What characteristics and skills does this applicant possess that would make him/her a successful teacher?

4. How would you describe this applicant’s academic success?

____Superior ____Above Average ____Average ____Below Average

Comments: _____

5. Rate these qualities:

	Superior	Above Average	Average	Below Average
Ability to Communicate	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Flexibility	_____	_____	_____	_____
Motivation/Initiative	_____	_____	_____	_____

6. Would you recommend this applicant for the “Grow Our Own” Teacher Certification Program?

____Yes ____No

If No, please explain: _____
