

Part II: Administrator or Supervisor Recommendation Form

Note to Administrator or Supervisor:

The applicant listed below has applied to attend an intensive summer leadership program in African languages. This program is selective and supports only instructors who are current or prospective leaders in the field of African language pedagogy and are committed to full and enthusiastic participation in the program. Please keep this in mind as you provide information about this applicant.

Please fill out this form, and email it to nalrc@indiana.edu.

Applicant's Name:

Administrator or Supervisor Name:

Administrator or Supervisor Title:

School Position:

How long have you known this applicant and in what capacity?

Poor	Below Average	Fair	Good	Excellent
1	2	3	4	5

Please rate the teacher in the following categories from 1 to 5.

Professional Responsibilities

Quality of Instruction

Reliability

Relationship with Colleagues

Relationship with Students

Additional Comments: [Please use this space to provide additional comments that you think would be useful to the selection committee.] Your response may be attached.

Administrator or Supervisor Signature

Date

Administrator or Supervisor E-mail Address

Administrator or Supervisor Telephone Number