FACULTY / SUPERVISOR RECOMMENDATION
APPLICATION FOR EMPLOYMENT AT GRINNELL COLLEGE PRESCHOOL LABORATORY
Grinnell College Preschool, 1022 Park Street
DUE: To the student prior to the last class day of the semester

Name of Student _____ Class Year _____
Last First
Provider of Recommendation (Print Name): _____
Applicant Waiver: I waive my right to inspect and review this recommendation and understand that the document will be used only for the purpose of evaluating my qualifications for employment at Grinnell College Preschool. This form will not be made available to any other institution or private party without my permission, and I understand that it will not be made a part of my permanent student record.

Student Signature: _____ Date: _____

Student: Please request recommendations from one professor and one previous campus supervisor (two professors if you have no campus supervisor). Please ask recommenders to return this form to you in a signed and sealed envelope prior to the due date.
Recommender: The college preschool laboratory seeks mature, diligent college students to assist in the day to day operation of the preschool program. Under the direct guidance of the preschool teaching staff, student teaching assistants are responsible for implementing the preschool curriculum through direct interaction with the teaching staff, the children and their parents.

Recommender: For how long and in what capacity have you known this student?

	No Information	Below Average	Average	Good	Excellent	Outstanding
Academic Motivation	_____	_____	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____	_____
Reliability	_____	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____	_____
Respect	_____	_____	_____	_____	_____	_____
Personal Demeanor	_____	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____	_____
Flexibility	_____	_____	_____	_____	_____	_____
Enthusiasm	_____	_____	_____	_____	_____	_____

Recommender: Do you have any reservations about recommending this student to supervise and work with young children?
_____

◯ Highly Recommend ◯ Recommend ◯ Recommend with reservations ◯ Do not recommend

An accompanying letter is not required in the case of recommended students, but if you wish to qualify your recommendation or add any further information, please use the back of this form or attach an additional page. Please return in a signed, sealed envelope to the student.

Faculty/Supervisor Signature: _____ Date: _____