



operation TEACH
410-532-5326
www.ndm.edu/operationteach

Name of Applicant _____

TO THE APPLICANT

Please complete the following information and submit along with a self addressed and stamped envelope to the person from whom you are seeking a recommendation.

Name of Recommender _____

Address _____
Street City State Zip

Telephone _____ E-mail _____

Please check appropriate category:

- Rector/Resident Hall Director
- Professor/faculty member
- Employer or supervisor
- Other _____

Your signature below waives your right to review this recommendation. The signing of this waiver is optional and the decision to sign or not sign this waiver will not be considered by the admissions committee or in any other way prejudice the outcome of your application.

TO THE RECOMMENDER

The above-named person wishes to participate as a teacher for the **operation TEACH** program. For this reason, both the applicant and the selection committee would like to consult you on certain points listed below. Please know that no candidate will be accepted or eliminated on the basis of positive or negative ratings of one recommender. Others with whom the applicant has had significant interaction will also be called upon for their comments.

Please return this recommendation form to the applicant in a *sealed envelope and sign and date the back of the envelope.*

This recommendation should be submitted by the applicant together with other application materials by February 1.

PERSONAL INFORMATION

I have known this person for _____ year (s) in the following circumstances: _____

I. operation TEACH PILLARS

Based on your familiarity with the Candidate, please rate them on the following characteristics with 5 being the highest and NB meaning no basis for judgment.

A. Personal and Professional Qualities:							Comments
Responsibility	1	2	3	4	5	NB	
Maturity	1	2	3	4	5	NB	
Leadership	1	2	3	4	5	NB	
Creativity	1	2	3	4	5	NB	
Humility	1	2	3	4	5	NB	
Ability to manage stress	1	2	3	4	5	NB	
Work ethic	1	2	3	4	5	NB	
Response to adversity	1	2	3	4	5	NB	

B. Ability to Live In Community							Comments
Responsibility to Others	1	2	3	4	5	NB	
Likeability	1	2	3	4	5	NB	
Empathy	1	2	3	4	5	NB	
Tolerance	1	2	3	4	5	NB	
Honesty	1	2	3	4	5	NB	
Flexibility	1	2	3	4	5	NB	
Patience	1	2	3	4	5	NB	

C. Spirituality							Comments
Reflection of Christian values in everyday actions	1	2	3	4	5	NB	
Ability to articulate faith	1	2	3	4	5	NB	
Involvement in service activities	1	2	3	4	5	NB	
Openness to spiritual growth	1	2	3	4	5	NB	

II. GENERAL IMPRESSIONS

On a separate sheet of paper, please make a statement concerning your overall impression of this person's ability to assume responsibility as a teacher in a Catholic school. As well, please state any impressions you have about this person's maturity and ability to live in community. Finally, please provide any additional information you may have regarding this person's motivations for wanting to participate in the Operation TEACH program, be they practical, personal, religious, or humanitarian.

III. OVERALL EVALUATION.

Do you recommend the applicant for this program? (Check one)

- Yes
 No
 With reservations (please specify on a separate sheet)

Signature

Date

Please return to the applicant in a sealed envelope to be submitted with other application materials. Thank you!