## LOS ANGELES UNIFIED SCHOOL DISTRICT

## Human Resources Division

#### Career Ladder

STEP UP and Teach Principal/Supervisor Recommendation Form

**SECTION 1:** (To be completed by the applicant)

APPLICANT INFORMATION								
Applicant Name:	Employee Number:							
Work Site:	Job Class:							
Principal:	ipal: Site Supervisor, if not principal:							
APPLICANT AUTHORIZATION STATEMENT								
I am an applicant for the Supporting Teacher Preparation and Undergraduate Program (STEP UP and Teach) with the Los Angeles Unified School District Career Ladder. Since this requested reference will be criterion for admission decisions for the program, your assistance in the completion of this evaluation is appreciated. Please answer the questions below regarding my employment, professional and personal qualities and potential as an effective teacher/certificated staff member. I understand that I waive my right to access to this recommendation and authorize LAUSD to collect any information orally or in writing about my qualifications for the sole purpose of admission to STEP UP and teach by signing below.  Applicant Signature:								
SECTION 2: (To be completed by the principal or site supervisor/teacher)  NOTE: If completed by an administrative designee or site supervisor/teacher who is not the principal, the submitted reference must be endorsed by the principal as well.  To Evaluator: Please return completed form directly to the STEP UP office by uploading to go.teachinla.com/ladderdocs								
ATTENDANCE VERIFICATION								
Please verify overall attendance of this individual.  ☐ Meets LAUSD 96% attendance requirement. Explanation:  ☐ Does not meet LAUSD 96% attendance requirement.								
PER	RSONAL QUA	ALITIES	I					
	Ineffective	Developing	Effective	Highly Effective	Not Observed			
A. Conducts self in professional manner at all times								
B. Written and verbal communication with all stakeholders is informative, clear and coherent.								
C. Makes informed, sound decisions at all times.								
D. Successfully engages in collaboration with co-workers and stake holders.								
E. Demonstrates a high standard of ethical conduct								
F. Self-motivated								
G. Perseveres in the face of		1		_	l			

challenges

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PROFESSIONAL COMPETENCE/TEACHING POTENTIAL								
	Ineffective	Developing	Effective	Highly Effective	Not Observed			
<ul> <li>H. Plans and executes workplace duties with the end goal in mind</li> </ul>								
Provides excellent service that meets the needs of students and parents.								
<ul> <li>J. Meets professional obligations and responsibilities, including supervision of students.</li> </ul>								
<ul><li>K. Able to effectively utilize resources</li></ul>								
L. Embraces opportunities for professional growth								
<ul> <li>M. Demonstrates a willingness to go above and beyond to ensure success.</li> </ul>								
ADDITIONAL REMARKS:								
ENDORSEMENT  Would you endorse this individual as a future teacher or Related Services employee? If "No", please explain.  Yes, I do endorse. Explanation:  No, I do not endorse.  If given the opportunity, would you hire this individual future teacher or Related Services employee at your school site? If "No", please explain.  Yes, I would hire. Explanation:  No, I do not endorse.								
Please verify dates of assignment as supervisor of this individual.								
From: To: School Site: MM/YYYY or Present if still there								
I have personally completed this form <b>without</b> revealing its contents to the applicant. By signing, I verify that the above is accurate and reflects my experience as the supervisor of the individual. Return completed forms to the STEP UP office via fax to (213) 241-8465 or scan and email to STEPUP@lausd.net.								
Supervisor Signature :				Date:				
Supervisor Name:	Supervisor Title:							
USD Email: Contact Number:								
Principal's Endorsement-If supervisor is not the school site principal.								
I have reviewed and agree with the ratings and recommendations provided on this form as completed								
by the applicant's supervisor.				D-4				
Signature of Principal:  Name of Principal:				Date:				
маше от Рипсіраї:								