

**TEC ELEMENTARY PROFESSIONAL LICENSURE PROGRAM
RECOMMENDATION FORM**

Information about Applicant

Name of Participant _____ **Date** _____

Licensure Level _____ **Type** _____

Information about Person Making Recommendation

This recommendation must come from school principal or designee

Name _____ **Title** _____

School Employed at: _____ **Town** _____

In what capacity do you know participant? _____

How long have you known the participant? _____

Recommendation

By completing this recommendation it is assumed that you are making a positive statement about the candidate-participant. This application is not confidential as the candidate has not waived their rights to inspect it. Please provide a brief paragraph explaining the reason for recommending the candidate for admission to the Professional Licensure Program.

*Send completed form to Janice Yelland @The Education Cooperative, PO Box 186
Dedham, MA 02027.*