

MT PROFESSIONAL DEVELOPMENT SPECIALIST RECOMMENDATION FORM

PART 1: The Early Childhood Project coordinates a process for individuals to be listed on the Montana Early Childhood Professional Development Specialist Directory. Please complete this form as part of the application to become an approved trainer.

Applicant's Name: _____

Your Name: _____

Title: _____ Agency: _____

How long have you known the applicant?

In what capacity have you known the applicant?

PART 2: Applicant Professional Achievements and Personal Characteristics

Professional Achievements and Personal Characteristics	No basis to judge	Below average	Above average	Very good	Excellent	Outstanding
1. Passion for young children and the field of early childhood education						
Evidence:						
2. Mature judgment and professional behavior in training events						
Evidence:						
3. Knowledge and ability to teach developmentally appropriate early childhood practices						
Evidence:						
4. Mastery of the fundamental skills for effectively teaching adult learners						
Evidence:						
5. Promotes and engages in lifelong learning						
Evidence:						

PART 3: Below please include additional information about this applicant's ability to effectively facilitate training for adults.

Signature

Date

Please upload to your application, or email to:

ecp@montana.edu