

Rete delle scuole autonome della Lombardia
Education and Professional Training Authority for the Lombardy Region
Education Office of the Lombardy Region - Foreign Languages and Culture
Education Office of the Consulate General of Italy in Boston (USA)
Department of French and Italian of Dickinson College (USA)

**STUDY AND TRAINING PROGRAMS FOR ENGLISH LANGUAGE ASSISTANTS
IN LOMBARD SCHOOLS (ITALY)**

2009-2010 Academic Year

RECOMMENDATION FORM

To the Applicant: Please indicate your full name and the name of the person you have asked to recommend you. Email this form to the recommender. Ask this person to: **complete this form and send it by email it to BOTH he the addressees indicated below:**

- Prof. Carlo Cipollone at ufficioscuole.boston@esteri.it
- Prof. Giuseppe Strada at paciolicrema@tin.it

PLEASE TYPE OR PRINT

Name of Applicant _____
Last/Family First Middle

Degree Program

(B.A., M.A., Ph.D., Other)

Recommender's Name

To the Recommender:

The applicant wishes your response to be considered as part of her/his application, which will not be regarded as complete until your recommendation is received. We would appreciate knowing about the applicant's intellectual abilities, emotional maturity, motivation, interpersonal skills, and potential as a teacher. This recommendation is a required part of the application so a prompt return to the candidate is important. The admissions process places a great deal of importance on comments from recommenders. We realize this requires time and effort on your part and we appreciate your assistance. We encourage frank statements regarding the applicant's limitations and the possible effect of these limitations on the applicant's ability to face the challenges that of an intercultural working environment. Feel free to submit your statement on a separate page.

To the Applicant and Recommender: This recommendation will be used only for admission to the aforementioned program. All the personal data are under the provisions of the Italian law (*Decreto legislativo 30 giugno 2003, n. 196, "Codice in materia di protezione dei dati personali"*).

To the Recommender: Please rate the applicant in comparison to others of similar age and position whom you have known and respond to the following questions. Please type or print.

Below average Lower 50%	Average Top 50%	Above average Top 25%	Excellent Top 15%	Superior Top 5%	Not applicable
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Motivation

Self-confidence

Interpersonal skills

Planning skills/time
management

Written communication
skills

Oral communication skills

Ability to work with others

Creativity

Intellectual ability

Analytical skills

Goal oriented

Emotional maturity

Leadership potential

1. How long have you known the applicant and in what capacity?

2. What do you consider the applicant's primary talents or strengths?

3. In what areas does the applicant need improvement or growth?

4. Comment on the applicant's interpersonal skills (effectiveness in establishing and maintaining relationships; working with supervisors and peers; willingness to participate in group activities; ability to adjust to an intercultural environment.)

5. Please discuss your perception of the applicant's professional potential following the completion of the "Study and Training Program for English Language Assistants in Lombard Schools (Italy)."

Additional comments:

What is your overall recommendation for this applicant? (please type an X beside the comment of your choice)

- Strongly Recommend**
- Recommend with reservation**
- Recommend**
- Not recommended**
- Unable to rate**

PLEASE PRINT OR TYPE:

Name _____

Position _____

Organization _____

Address _____

Phone/e-mail _____

I certify that the electronic signature below is mine:

Signature _____ Date _____

_ Please call me. I would like to make additional comments beyond those I have provided here.

Please send this form by **email** to **BOTH** the addressees indicated below:

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