

Cook Inlet Native Head Start
Grow Our Own Teaches Letter of Recommendation

Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Cook Inlet Native Head Start’s Grow Our Own Teachers Program trains and supports Alaska Native and American Indian early educators to earn a Child Development Associates (CDA)). If selected, the applicant will complete intensive 6 month training and work experience program, complete a professional portfolio and be required to take a CDA exam.

Please describe how long you have known the applicant and in what capacity.

Please describe why the applicant is a strong candidate for the Grow Our Own Teachers program

Do you feel the applicant is able to provide a safe, nurturing environment for infants and toddlers? Please describe why or why not?

Developing effective working relationships with other teachers and parents is integral to success in this program. How has the applicant demonstrated this skill?

Please explain how this individual has demonstrated the characteristics of a responsible individual of reputable character, who exercises sound judgment.

Describe how you would feel about leaving a child in this individual’s care.

What other information is important for us to know when considering this individual’s application?

To your knowledge, has this individual:

Ever abused or neglected a child? YES [ ]  NO [ ]

Been charged with or convicted of a serious crime? YES [ ]  NO [ ]

To your knowledge, does this individual have:

 A physical health or behavioral health problem that poses a significant risk to children in care?

YES [ ]  NO [ ]

 A domestic violence problem that poses a significant risk to children in care? YES [ ]  NO [ ]

If you answered yes to any of the above, please explain:

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_