

PLEASE MAIL THIS FORM DIRECTLY TO THE GRADUATE COORDINATOR AT:



COLORADO MESA UNIVERSITY
CENTER FOR TEACHER EDUCATION
1100 North Ave. • Grand Junction, CO 81501
Phone (970) 248-1618 • Fax (970) 248-1112

Form B – Colleague
Documentation of Teaching & Leadership Experience

APPLICANT'S NAME _____

DATE: _____

The above named person is an applicant to the Master's Program in Education at Colorado Mesa University. Please **provide specific examples** that evaluate the applicant's capacity **for leadership at the district level and/or building level. Rate each category on a scale from 1 to 5**, with 5 being the highest rating. When completed, please send this form in a sealed envelope directly to the address listed above. Some categories may not apply per context. *As you fill out this form, please consider the leadership potential of the candidate in your school or in the district.*

PROFESSIONALISM: NUMERIC RATING _____

(open to feedback, collaborative skills, confidentiality, professional appearance/demeanor, timeliness)

Examples:

MOTIVATION, DRIVE, AND INITIATIVE: NUMERIC RATING _____

Examples:

WORK ETHIC: NUMERIC RATING _____

(shows initiative, flexibility, reliability, has good judgment, and completes tasks)

Examples:

ABILITY IN WRITTEN AND ORAL COMMUNICATION: NUMERIC RATING _____

Examples:

LEADERSHIP POTENTIAL: NUMERIC RATING _____

Examples:

EFFECTIVE COMMUNICATION WITH YOUTH: NUMERIC RATING _____

Examples:

CRITICAL THINKING/PROBLEM SOLVING: NUMERIC RATING _____

Examples:

CREATES A POSITIVE ENVIRONMENT: NUMERIC RATING _____

Examples:

RAPPORT WITH PARENTS/GUARDIANS AND COLLEAGUES: NUMERIC RATING _____

Examples:

ACADEMIC ABILITY, SCHOLARSHIP, LIFELONG LEARNER QUALITIES: NUMERIC RATING _____

Examples:

FUTURE CONTRIBUTION TO THE FIELD OF EDUCATION: NUMERIC RATING _____

Examples:

ADDITIONAL COMMENTS: (Please use additional paper if needed)

OVERALL RECOMMENDATION:

_____ RECOMMEND HIGHLY

_____ RECOMMEND

_____ RECOMMEND WITH RESERVATIONS

_____ DO NOT RECOMMEND

_____ TODAY'S DATE

RECOMMENDER'S NAME

TITLE/POSITION

PHONE# _____

INSTITUTION/ORGANIZATION

SIGNATURE:
