**PLEASE RETURN THIS FORM DIRECTLY TO:**

**COLORADO MESA UNIVERSITY**
**CENTER FOR TEACHER EDUCATION**
1100 North Ave. • Grand Junction, CO 81501
Phone (970) 248-1618 • gradprograms@coloradomesa.edu

## Form B – Colleague: Recommendation for Master of Arts in Education Program

**APPLICANT'S NAME** _____          **DATE:** _____

- The person <u>named above</u> 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 &/or building level**.
- **Rate each category on a scale from 1 to 5,** with 5 being the highest rating. 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 district.*

**PROFESSIONALISM:** NUMERIC RATING _____          *(select a rating)*
(open to feedback, collaborative skills, confidentiality, professional appearance/demeanor, timeliness)

**MOTIVATION, DRIVE, AND INITIATIVE:** NUMERIC RATING _____          *(select a rating)*

**WORK ETHIC:** NUMERIC RATING _____          *(select a rating)*
(shows initiative, flexibility, reliability, has good judgment, and completes tasks)

**ABILITY IN WRITTEN AND ORAL COMMUNICATION:** NUMERIC RATING _____          *(select a rating)*

**LEADERSHIP POTENTIAL:** NUMERIC RATING _____          *(select a rating)*

**EFFECTIVE COMMUNICATION WITH YOUTH:** NUMERIC RATING _____          *(select a rating)*

**CRITICAL THINKING/PROBLEM SOLVING:** NUMERIC RATING _____ *(select a rating)*

**CREATES A POSITIVE ENVIRONMENT:** NUMERIC RATING _____ *(select a rating)*

**RAPPORT WITH PARENTS/GUARDIANS AND COLLEAGUES:** NUMERIC RATING _____

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

**FUTURE CONTRIBUTION TO THE FIELD OF EDUCATION:** NUMERIC RATING _____ *(select a rating)*

RECOMMENDER'S NAME: (printed)

**OVERALL RECOMMENDATION:**

_____

_____ RECOMMEND HIGHLY

TITLE/POSITION:

_____ RECOMMEND

_____

_____ RECOMMEND WITH RESERVATIONS

PHONE#_____

_____ DO NOT RECOMMEND

INSTITUTION/ORGANIZATION:

_____

*SIGNATURE:*

TODAY'S DATE: _____

_____

**Directions:** To use this as a fillable form, you will need to download a copy, enter your responses, save the form, and email it to Teacher Ed.