



MST Childhood Instruction
Part-time Ottawa Program

RECOMMENDATION FORM

APPLICANT: PLEASE COMPLETE THE INFORMATION SECTION ONLY, AND THEN GIVE THIS FORM TO THE RECOMMENDING OFFICIAL WITH A PRE-ADDRESSED STAMPED ENVELOPE, ADDRESSED TO: SUNY POTSDAM, OFFICE OF GRADUATE STUDIES, SATTERLEE HALL, POTSDAM, NY 13676.

INFORMATION SECTION:

Applicant's name: _____
(LAST, FIRST, MIDDLE) (FORMER LAST NAME)

Address: _____

Phone: (_____) _____ Cell Phone: (_____) _____

E-mail address: _____ Date of Birth _____

TO THE RECOMMENDING OFFICIAL: The person named above has requested that you submit a recommendation pertaining to his/her potential to pursue a master's degree in Childhood Instruction. To facilitate the application process, the Office of Graduate Studies requests that you use this form for your recommendation statement.

Please rate the candidate on the following scale:		Yes	No	No opportunity to observe	Comments
Works well with others	Willing to work in groups/teams				
	Listens to others' ideas				
Takes responsibility	Follows through on responsibilities				
	Seeks, accepts, and acts upon constructive feedback				
	Completes work in a timely fashion				
Fosters positive relationships	Models effective interpersonal behavior/communication				
	Engages in positive interactions with professionals and peers				
	Seeks to solve problems				
Behaves in a professional manner	Is punctual and attends class sessions consistently/regularly				
Engages in self-evaluation	Is interested in and participates in ongoing self-evaluation on one's own performance				
Maintains high level of competence and integrity	Exhibits interest in and enthusiasm for learning process				
Willing to take risks; flexible	Adapts to change				
	Shows self-direction in completing works				
Recognizes and respects diversity	Responds positively to diverse opinions				

(OVER)

In your letter of recommendation, it would be helpful if you could address the following:

- How long and in what capacity have you known the applicant?
- What information can you share about the applicant's academic ability and potential for success in a master's level childhood instruction program?
- What information can you share about the applicant's teaching abilities in grades K-6?

(A typed letter may be attached to this form.)

Thank you for your cooperation and effort in providing this information.

Signature _____ Date _____

Print Name _____ Phone _____

Position _____

Address _____