



**M.S.Ed. in Mathematics Education Recommendation Form
Initial Licensure Track**

Applicant's name: _____
 Name of person providing reference: _____ Position: _____
 Phone number: _____ Email address: _____
 How long have you known the applicant? _____ In what capacity? _____

Please indicate the applicant's capacity across the following areas				
N=not observed/not enough information to evaluate 2=Meets Expectations 3=Area of Strength	N	1	2	3
Demonstrates a passion for mathematics and inspires that passion in others				
Demonstrates knowledge of the field of mathematics education and its professional and ethical principles				
Demonstrates ability to collaborate with families, other educators, and third parties in culturally responsive ways to address the needs of individuals with a range of learning experiences				
Capacity for graduate-level coursework N=not observed 1=Needs improvement 2=Area of strength 3=Area of exceptional strength	N	1	2	3
Capable of scholarly research				
Analytical ability				
Written communication				
Oral communication				
Receptivity to feedback				
Ability to meet deadlines				
Commitment to lifelong learning in the profession				

See next page for written comments

Comments: Please provide additional information about the applicant which may be helpful for the graduate admissions committee to consider when making an admissions decision

Signature

Date

Please send completed forms by email, fax, or mail to:

Email: gradstudies@maine.edu

Fax: 207-778-8134

Mail: Office of Graduate Studies
University of Maine Farmington
186 High Street
Farmington, ME 04938