



M.S.Ed. in Special Education Recommendation Form

This is a fillable form. You may need to download it to enable the form.

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 |
| Understanding of disabilities and use of this knowledge to provide meaningful and challenging learning experiences for individuals with disabilities | | | | |
| Ability to create safe, inclusive, culturally responsive learning environments so that individuals with disabilities become active and effective learners | | | | |
| Knowledge of general and specialized curricula to individualize learning for individuals with disabilities | | | | |
| Ability to use multiple methods of assessment and data sources in making educational decisions | | | | |
| Ability to select, adapt, and use a repertoire of evidence-based instructional strategies to advance learning of individuals with disabilities | | | | |
| Knowledge of the field of special education and its professional and ethical principles | | | | |
| Ability to collaborate with families, other educators, related service providers, individuals with disabilities, and/or personnel from community agencies in culturally responsive ways to address the needs of individuals with disabilities across 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 |
| 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