



Western Connecticut State University
Recommendation Form for Applicants for the
Master of Arts in Teaching Program

APPLICANT (complete the top half of this page)

NAME (LAST, FIRST, MIDDLE INITIAL)

STREET ADDRESS

TELEPHONE NUMBER (INCLUDE AREA CODE)

CITY

STATE

ZIP CODE

E-MAIL

I waive the right to have access to letters of recommendation written on my behalf.

APPLICANT SIGNATURE

DATE



INDIVIDUAL MAKING THE RECOMMENDATION

NAME (LAST, FIRST, MIDDLE INITIAL)

TITLE AND CURRENT AFFILIATION

SIGNATURE

DATE

Would you be available for a follow-up phone call to discuss this applicant? YES NO

If you answered "Yes," please provide the following information:

Telephone Number (including Area Code)

Best Day and Time to Call:



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**Directions:**

In order for members of the Master of Arts in Teaching Admissions Review Committee to know more about each applicant’s demonstrated characteristics and future potential related to educational leadership, please complete the following information.

1. How long have you known the applicant? \_\_\_\_\_
2. In what capacity have you known the applicant (i.e., as an employer, colleague, friend, etc.)

3. In your opinion, please indicate the applicant’s ability to demonstrate (circle the number in the appropriate box):

	Below Average	Average	Above Average	Superior
a. the organizational skills necessary for the demanding job of an educator	1	2	3	4
b. the motivation and tenacity necessary to complete a challenging academic program	1	2	3	4
c. the interpersonal skills needed to be a successful educator	1	2	3	4
d. the creativity to design and implement educational programs	1	2	3	4
e. the ethical and moral character expected of professional educators	1	2	3	4
f. the potential to develop the teaching skills expected of a highly qualified educator	1	2	3	4
g. the communication skills needed to address a variety of audiences (students, parents, colleagues, supervisors)	1	2	3	4



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4. Provide an example of this individual's taking an active leadership role with children or colleagues.

5. In which area(s) of personal or professional growth could this individual continue to grow while pursuing this degree and certification?

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SIGNATURE

DATE

Thank you for your assistance in supporting this potential candidate!

Return this completed form to:  
Master of Arts in Teaching Program  
Division of Graduate Studies  
Western Connecticut State University  
181 White Street  
Danbury, CT 06810