Letter of Recommendation Form



PART 1: TO BE COMPLETED BY APPLICANT

Use this form when your reference cannot access the online recommendation form. After completing Part 1, forward this form to your reference for completion of part 2.

Applicant's Name:		Phone No:
Email:	Content Area:	
familiar with your strengths, academ potential success as a teacher and a Application (Mākālei) in the Three F Licensure Track Admission Checklist letters electronically. If they do not your reference to check their spam	nic qualificati a graduate st Professional F t. An email v receive an e folder. It is y	ecommendation on your behalf. These individuals should be ons, past accomplishments, and be able to speak to your udent. Name your references on your COE Licensure Track references & Three Letters of Recommendation section of the will be sent to your references with a link to submit their mail, please check for typos in their email address and ask our responsibility to ensure that all letters are received by check with your references and remind them of the deadline
PART 2: TO BE COMPLETED BY RE	FERENCE	
program. We ask for your candid a	nd honest as Letters shou	o an applicant of the Master of Education in Teaching sessment of the applicant's potential to succeed as a ld be received by March 1. Electronic submission via the link ay also fax or mail this form to:
Fax: 808.956-4271		ce of Student Academic Services 6 University Avenue, Everly Hall 126, Honolulu, HI 96822
pursuing a career in teaching who has successful completion of this Maste to the Hawai'i Teacher Standards Bollmmersion (K-12) in a general education Hawaiian Language, mathematics, s	ave earned by average and to teach ation classroom cience, or so the for a mild/	gram is a two-year, field-based program designed for those baccalaureate degrees in fields other than education. Upon andidates will be recommended for an initial teaching license elementary (K-6), secondary (6-12), or Hawaiian Language m. Programs offered at the secondary level are English, cial studies. Candidates in the dual secondary and special moderate special education license. For more information te: http://tiny.cc/medt
1. Approximately how many years	have you kno	own the applicant?
2. How well do vou feel vou know	the applican	? Casually Well Very Well



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3.	What was the nature of your contact with the applicant?						
	☐ Teacher in one class ☐ Teacher in m	ore than o	ne class	□s	upervisor		
	Research Advisor Major Adviso	or 🔲 C	o-worker	□P	ersonal		
	Not Listed (Specify):						
4.	Please rate the applicant in the areas indi	cated					
		Truly Exceptional (top 5%)	Outstanding (top 10%)	Very Strong (top 25%)	Average (top 50%)	Below Average (<50%)	Unable to rate/Not Applicable
1	Knowledge in proposed content area						
2	Ability to grasp new concepts						
3	Originality, intellectual creativity						
4	Demonstrates professional curiosity						
5	Written communication						
6	Oral communication						
7	Ability to work collaboratively						
8	Ability to analyze problems / formulate solutions						
9	Planning and organizational skills						
10	Attention to detail						
11	Perseverance toward goals						
12	Self-motivation						
13	Ethics and integrity						
14	Ability to manage stressful situations						
15	Ability to reflect						
16	Embraces diversity						
17	Potential as a researcher						
18	Potential as a teacher						

5. Which two of the above characteristics would you say best describe the applicant? Please elaborate on your ratings using specific examples/evidence.



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6.	Please share your perspective on the sustudy in the Master of Education in Tea	uitability of the applicant for the teaching aching Program.	profession and graduate			
7.	Please provide the most compelling real	ason for us to admit the applicant and ex	olain your reasoning.			
	admissions committee should consider	n related to the applicant's character or ak r when reviewing the applicant?	pilities that you think the			
9.	Overall Recommendation Recommend Enthusiastically	Recommend with Confidence	Recommend			
	Recommend with Reservation	Do not Recommend	ixecommend			
Yo	ur Name:	Phone No:				
Sig	gnature:					
Tit	le:					

