

The person named below has applied for acceptance into the Teacher Certification Program of St. Mary's College of Maryland. Please complete this form and mail it to:

Office of Admissions St. Mary's College of Maryland 18952 East Fisher Road St. Mary's City, MD 20686-3001

ΑP	PLICANT'S	S NAME									
	C. Se	ementary ementary condary	Education Education Education	on on with E on in		dhood Education					
of sh	St. Mary's	College of asic liter	of Maryla	and. Wo	uld you p	his request is applying for admission to the MAT Teacher Certification Program blease complete the following questions, indicating whether or not you feel he/onal skills, and the thinking and organization skills necessary for becoming a					
						ale of $1-5$ , with 5 as the highest rating. If you feel the individual scores at the be helpful as we evaluate the applicant.					
1.	This individual is a competent writer and will be an appropriate role model for K-12 students in this skill area.										
	1	2	3	4	5	No knowledge					
2.	This individual is a competent speaker and will be able to conduct him/herself in a professional and engaging way in front of the classroom.										
	1	2	3	4	5	No knowledge					
3.	This individual has a grasp of significant concepts, theories, important knowledge and related skills in content area for which he/she is applying.										
	1	2	3	4	5	No knowledge					

4. This individual has the ability to think critically and creatively, and to engage in synthesis and evaluation of presented to him/her.												
	1	2	3	4	5	No knowledge						
5.	This indiv	vidual ha	s the soc	ial skills	necessa	ary for participating in team efforts and for collaborating with others.						
	1	2	3	4	5	No knowledge						
6.	Once this individual has successfully completed the Teacher Certification Program, he/she will be able to perform successfully in both pedagogy and content as a teacher in a public school classroom.											
	1	2	3	4	5	No knowledge						
Are you willing to allow the student to read your evaluation?  Circle YES NO												
Any	/ additiona	l comme	ents you v	would ca	re to pro	rovide would be appreciated (please use additional sheet if needed).						
Ple	ase print y	our nam	ne:									
Sig	nature:											
Da	te:											
Ple	ase provid	le the be	est way fo	or us to co	ontact y	you if necessary: (e.g., address, phone, email)						
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In v	vhat capad	city do yo	ou know 1	the applic	cant? _							
Ho	w long hav	e you kr	nown the	applican	t?							
	J	,										
	ank you for cm.edu or				this req	quest. If you have any questions, please contact the MAT program at MAT@						
Sin	cerely,											
Edı	ucational S	Studies F	aculty									