



St. Mary's College of Maryland

at Historic St. Mary's City

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 - M.A.T. Program
St. Mary's College of Maryland
18952 East Fisher Road
St. Mary's City, MD 20686-3001

APPLICANT'S NAME _____

APPLYING FOR ADMISSION TO:

- _____ A. Elementary Education
- _____ B. Elementary Education with Early Childhood Education
- _____ C. Secondary Education in _____
- _____ D. K-12 certification in _____

The above-named person who has given you this request is applying for admission to the M.A.T. Teacher Certification Program of St. Mary's College of Maryland. Would you please complete the following questions, indicating whether or not you feel he/she has the basic literacy skills, basic interpersonal skills, and the thinking and organization skills necessary for becoming a professional teacher.

Please circle one of the following items on a scale of 1 – 5, with 5 as the highest rating. If you feel the individual scores at the level of 3 or below, additional comments would 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 material presented to him/her.

1 2 3 4 5 No knowledge

5. This individual has the social skills necessary 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 additional comments you would care to provide would be appreciated (please use additional sheet if needed).

Please print your name: _____

Signature: _____

Date: _____

Please provide the best way for us to contact you if necessary: (e.g., address, phone, e-mail) _____

In what capacity do you know the applicant? _____

How long have you known the applicant? _____

Thank you for your prompt response to this request. If you have any questions, please contact Dr. Lois Stover, Director of Teacher Education by e-mail: ltstover@smcm.edu.

Sincerely,

Educational Studies Faculty