



New Jersey STEM Innovation Fellowship in Science

Letter of Reference - AY2022/2023

Section 1 - Applicant Information

Applicant's Full Name: _____

School Name: _____ School District/System: _____

Name of Recommender: _____

Provide this form to the colleague for whom you are requesting a recommendation. This form serves as a reference, by a fellow teacher or coach, regarding your ability to be successful in the NJ STEM Innovation Science program.

Once the form has been completed, it must be scanned and emailed by the recommender to apply@innovateSTEMnj.org by 9:00PM (EST) on April 22, 2022 (include the applicant's full name in the subject line).

FERPA Acknowledgement

I am aware of the rights afforded to me by the Federal Educational Rights and Privacy Act of 1974. By signing below, I hereby waive my right to examine the contents of this reference. My signature also confirms my understanding that by waiving my right, I do so under the condition that the reference is used solely for the purpose for which it is requested.

Applicant's Signature: _____ Date: _____

Section 2 - Recommender

The applicant named above is applying to the **New Jersey STEM Innovation Fellowship** in science, an exciting new teacher-leadership program lead by Montclair State University. The overall goal of the fellowship is to provide talented educators across the state with an opportunity to lead the implementation and expansion of a proven, innovative, research-based science teaching practice. Additional information regarding the NJ STEM Fellowship in science can be found at: www.innovateSTEMnj.org.

- As a colleague, please indicate how you rate the applicant on the following abilities:

The applicant's overall ability as a teacher of science?

Very High ____ High ____ Average ____ Low ____ Very Low ____

The applicant's overall ability to collaborate with other teachers of science?

Very High ____ High ____ Average ____ Low ____ Very Low ____

- Please attach a brief letter describing a time that the applicant demonstrated successful leadership abilities in a situation that required collaborating with other teachers.

Recommender's Name (please print): _____ Email: _____

Recommender's Title/Role: _____ Phone: _____

Recommender's Signature: _____ Date: _____

To submit this form on behalf of the applicant, the recommender must scan and email the form, along with the letter of reference, to apply@innovateSTEMnj.org by 9:00PM (EST) on April 22, 2022 (include the applicant's full name in the subject line).