



# New Jersey STEM Innovation Fellowship

## Letter of Reference - AY2024/2025

### 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 program.

Once the form has been completed, it must be scanned and emailed by the recommender to [NJSTEMinnovation@montclair.edu](mailto:NJSTEMinnovation@montclair.edu) by 9:00PM (EST) on June 12, 2024 (include the applicant's full name in the subject line).

### FERPA Acknowledgment

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**, an exciting teacher-leadership program lead by Montclair State University. Alongside talented educators from other New Jersey schools and districts, they will join a supportive learning community where they will learn about an innovative, research-based, longitudinal approach to supporting both math and science teaching. Additional information regarding the NJ STEM Fellowship can be found at: <https://www.montclair.edu/prism/nj-stem-innovation-fellowship/>

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

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

N/A	Very High	High	Average	Low
-----	-----------	------	---------	-----

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

N/A	Very High	High	Average	Low
-----	-----------	------	---------	-----

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

Very High	High	Average	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 [NJSTEMinnovation@montclair.edu](mailto:NJSTEMinnovation@montclair.edu) by 9:00PM (EST) on June 12, 2024 (include the applicant's full name in the subject line).