

## MASTER OF EDUCATION (Sustainability, Creativity and Innovation) Professional Reference Form

### APPLICANT INFORMATION

Name \_\_\_\_\_

 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

Please check the box below that best reflects the academic qualities of the applicant. You may also submit a written assessment of the applicant's qualities; please attach a separate reference letter, and submit with this form by the specified date.

Professional Qualities	Outstanding (Top 5– 10%)	Above Average (Top 25%)	Average (Top 50%)	Below Average	Unable to Comment
Oral and written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional and ethical behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to professional and intellectual development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work collaboratively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant and in what capacity? \_\_\_\_\_

### REFEREE INFORMATION

Name \_\_\_\_\_

Signature \_\_\_\_\_

Position \_\_\_\_\_ Institution/Company \_\_\_\_\_

 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Email \_\_\_\_\_

Date (dd/mm/yyyy) \_\_\_\_\_

### FORWARD COMPLETED REFERENCE TO:

**TeacherEd@cbu.ca Fax: 902-563-1449**

 Manager of Teacher Education - Department of Education  
 Cape Breton University, 1250 Grand Lake Road, Sydney, NS B1P 6L2