The applicant has nominated you to serve as a reference for their candidacy as a **TEAL** (Teamwork for Empowerment, Advocacy & Learning) **Peer Educator** for the Center for Prevention and Education. Please share as much information about the applicant’s ability to serve in such a role, based on your experience with this student. While a letter of recommendation is not required, you may provide one as an optional supplement to be considered with the applicant’s application package.

Electronic submissions (preferred) can be uploaded to [myUMW (TEAL Reference Form)](https://umw.presence.io/form/reference-form-for-teal-peer-educators) or emailed to: [mmille23@umw.edu](mailto:mmille23@umw.edu).

Hardcopies can be sent to:

University of Mary Washington

1301 College Ave.

Fairfax House (Marissa Miller)

Fredericksburg, VA 22401.

All questions about this process or additional information about the TEAL Peer Educator program are to be directed to Marissa Miller, Director, Center for Prevention and Education: [mmille23@umw.edu](mailto:mmille23@umw.edu), 540- 654-1193.

|  |
| --- |
| APPLICANT’S FIRST AND LAST NAME: |
| NAME & TITLE OF REFERENCE: |
| REFERENCE’S CONTACT INFORMATION (EMAIL/PHONE): |
| HOW LONG AND IN WHAT CAPACITY DO YOU KNOW THE APPLICANT: |

**Please rate the applicant in each of the following skills/abilities, by marking an “X” in the appropriate box using the scale provided (0-5).**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item | N/A  0 | Low  1 | Fair/Average  2 | Good  3 | Superb  5 |
| Interpersonal skills |  |  |  |  |  |
| Presentation skills |  |  |  |  |  |
| Team work/Collaboration |  |  |  |  |  |
| Leadership/Initiative |  |  |  |  |  |
| Social justice orientation |  |  |  |  |  |
| Intellectual ability |  |  |  |  |  |
| Creativity |  |  |  |  |  |
| Resourcefulness |  |  |  |  |  |
| Time management and Organization skills |  |  |  |  |  |
| Other skill or ability? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

|  |
| --- |
| Other information to share: |

Please indicate the appropriate level of recommendation for your endorsement of the applicant’s candidacy as a TEAL Peer Educator for the Office of Title IX at the University of Mary Washington:

**Highly Recommend**

**Recommend**

**Recommend with Reservations**

**Do Not Recommend**

\*Type “X” in the box that corresponds with your response.

Typed Name or Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_