

Applicant Name _____

Address _____

Address (line 2) _____

Intended Major _____

THE FOLLOWING QUESTIONS ARE TO BE COMPLETED BY THE PERSON PROVIDING REFERENCE

The applicant is seeking admission to the Master of Education Program at City University of Seattle in British Columbia. Your thoughtful appraisal of the candidate's abilities and potential is helpful in reaching a decision regarding admission. We are interested in learning about the candidate's professional promise.

Please describe the candidate's performance by checking the appropriate box opposite each characteristic. This form can be completed electronically and printed for signatures.

This form is confidential when completed and signed by the respondent.

CHARACTERISTIC	HIGHEST 75%		MID 50%	LOWEST 25%	
	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGEMENT
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for graduate level study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working relationship with peers, subordinates, supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in professional development opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to plan and assess instruction for all learners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to implement new ideas and techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to create positive relationships with children/youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please see reverse side for additional questions.

(Continued)

Please use this space to provide comments about the applicant's qualifications for and commitment to graduate study. Indicate in particular how the applicant would be suited to either a School Counselling (MEd School Counselling applicant) or Leadership (MEd Leadership applicant) role.

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

What is your overall assessment of the applicant's suitability for their intended program of study?

- | | |
|--|---|
| <input type="checkbox"/> Highly Recommend | <input type="checkbox"/> Recommend with Reservation |
| <input type="checkbox"/> Recommend Without Reservation | <input type="checkbox"/> Do Not Recommend |

Name of Respondent _____

E-mail Address _____

Position / Title _____ Daytime Phone _____

Signature _____ Date _____

Return or Email this form to:

City University of Seattle, Vancouver BC Site
Attn: Office of Admissions – MEd Program
789 West Pender Street, Suite 310
Vancouver, B.C. V6C 1H2, Canada
Fax: 604-689-0440
BCAdmissions@CityU.edu