



Corporate Headquarters
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REFERENCE FORM

Applicant Information:

First Name _____ Middle _____ Last _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ email: _____

Applying for admission to _____ Fall Semester _____ Spring Semester _____ Summer Semester

Evaluator Information:

Evaluator's Name: _____ Title: _____

School or Company: _____

I have known this candidate for _____. I have taught this candidate for _____.

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ email: _____

What particularly qualifies this student for participation in the Spectrum College Transition Program?
Information about accomplishments will be particularly helpful.

If you have any reason to believe that the applicant should not be considered, please explain.

Evaluators, Please feel free to add information about your own educational and professional background if you feel that such information will enhance our understanding of your evaluation.

Personal Characteristics:

Please rate the candidate in the following areas compared to other student/clients of the same age with whom you have worked. Place an x in the appropriate box.

Quality	Outstanding	Excellent	Good	Average	Below Average	Poor
Concern for others						
Leadership						
Responsibility						
Integrity						
Energy & Initiative						
Sense of Humor						
Self Confidence						
Emotional Stability						
Maturity						
Conduct						
Relationship to peers						
Relationship to adults						

Overall Recommendation:

I recommend this person: Without Reservation _____

Strongly Recommend: _____

Recommend with Reservation: _____

Do NOT Recommend: _____

ACKNOWLEDGEMENT:

I affirm the accuracy of all statements on this form.

Signature: _____ Date: _____