

## REFERENCE FORM

1. How long have you known the applicant? \_\_\_\_Years \_\_\_\_Months
2. How well do you feel you know the applicant? \_\_\_\_Casually \_\_\_\_Well \_\_\_\_Very well
3. In what capacity have you known the applicant? \_\_\_\_\_

RATINGS: In rating the applicant in the areas indicated below, please keep in mind the comparison group you have indicated (first year grad students, teachers, mental health professionals, etc.).

4. Indicate comparison group: \_\_\_\_\_

5. Please rate the following:

Specific Characteristics	Very Low	Modest	Good	Very Good	Truly Exceptional	Unable to judge
Academic Ability						
Creative, innovative thinking						
Capacity for objective evaluation of self						
Energy level at work activity						
Empathic capacity						
Maturity of judgment						
Conscientiousness						
Ability to work independently						
Ability to work closely with others						
Capacity to handle stress						
Open-mindedness, tolerance for deviance						

6. Some talented individuals make mediocre scholastic records. Is the applicant's scholastic record, as you know it, an accurate index of his/her scholastic ability?

Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

If your answer is "no," please explain briefly. \_\_\_\_\_

7. Please check any personality characteristics that would interfere with the applicant's ability to work effectively with others.

	Definitely No Problem	Minor Problem	Moderate Problem	Significant Problem	Unable to Judge
Anxiety					
Dependency					
Low self-esteem, unusual need for approval					
Hostility, anger					
Pushy, aggressive manipulative					
Shyness, seclusiveness					
Impulsive, hasty					
Overly sensitive to criticism					
Other Problems:					
Please specify:					

8. Summary Rating:

I consider the applicant's potential to function as a professional to be in the: (please check one)

Lowest 25%  Middle 50 %  Upper 25%  Upper 10%  Upper 5%  Upper 1%  Unable to Judge

9. Please include additional comments regarding applicant's assets and liabilities. Thank you

10. Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name Applicant: \_\_\_\_\_

**Please save this form and upload it using the link provided in the email.**