

FACULTY OF EDUCATION REFERENCE FORM
IN SUPPORT OF THE AFTER-DEGREE APPLICATION

Applicant's Name: _____ **Date:** _____

Referee Information: _____

Occupation/ Position _____ **Phone number:** _____

Address: _____

Number of years you have known the candidate: _____

Relationship to candidate: (ie. Supervisor, colleague, employer, teacher, etc.)

Please complete the following chart by placing check marks in the appropriate box rating for the student's suitability for teaching.

SKILLS	OUTSTANDING	GOOD	FAIR	POOR
Cooperation				
Communication				
Energy				
Enthusiasm				
Flexibility				
Humour				
Initiative				
Leadership				
Organization				
Responsibility				
Sociability				
Tolerance				
Problem solving				
Team Player				
In your estimation, how would you rate this candidate potential as a teacher?	Exceptional		Above average	Average

Additional comments you would like to offer:

Signature: _____