

ADMISSIONS
900 FIFTH STREET
NANAIMO, BC V9R 5S5 CANADA

Referees must forward their recommendation directly to Vancouver Island University Admissions or give to the applicant in a sealed and endorsed envelope to include with their application materials. To be considered official, the Assessment must be signed by the referee.
A letter of reference may be supplied in addition to this assessment report.

ASSESSMENT REPORT (confidential when completed)

TO THE APPLICANT: Complete this section before photocopying and sending form to your <i>two</i> referees.			
MR. MISS			
MRS. MS			
SURNAME	GIVEN NAMES (UNDERLINE ONE USED)	PREVIOUS NAME (IF APPLICABLE)	BIRTHDATE (DD/MM/YY)
has applied to study for the Masters of Education in Special Education.			

TO BE COMPLETED BY THE REFEREE: Please return to Vancouver Island University Admissions with attachments if applicable.

Vancouver Island University collects the personal information on this form pursuant to section 26 of the *Freedom of Information and Protection of Privacy Act*. This report will not be released to the student by Vancouver Island University. If you wish, you may provide a copy to the applicant. A summary of the information on this form may be provided according to the provisions of *Freedom of Information Protection of Privacy Legislation*.

1. How long have you known the applicant? _____
In what capacity: _____

2. Compared to other educators please evaluate the applicant in the following respects:

	Top 5%	Top 10%	Top 25%	Top 40%	Average	Below average	No basis for judgement
Teaching Expertise							
Ability to Communicate: Orally							
In Writing							
Creativity & Capacity for Independent Thinking							
Initiative							
Reliability							
Professionalism							
Intellectual Capacity							
Research Potential							
Overall Rating							

3. Please add comments which will amplify and explain the ratings in #2 as well as assist in providing a complete picture of the applicant's abilities and potential. (Supply an additional letter if you wish.)

4. Recommendation for Admission to Graduate Studies:

Highly recommended Recommended Recommended with reservations Not recommended (please provide reasons)

PLEASE PRINT*:

Referee's Title & Name: _____

Complete Mailing Address: _____

Referee's Email, Telephone, Fax Number: _____

Referee's Signature: _____

Date: _____

*Assessment will not be accepted if complete contact information is not provided