

**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)**

<b>TO THE APPLICANT: Complete this section before photocopying and sending form to your <i>two</i> referees.</b>			
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.)

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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