

**ADMISSIONS
900 FIFTH STREET
NANAIMO, BC V9R 5S5 CANADA**

Referees must forward this Assessment Report 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, this document must be signed by the referee. *A letter of reference may be supplied in addition, but not in lieu of, this Assessment Report.*

ASSESSMENT REPORT

(confidential when completed)

TO THE APPLICANT: Complete this section *prior* to sending the form to your **two referees**.

<u>SALUTATION</u>	<u>SURNAME</u>	<u>GIVEN NAMES</u> (UNDERLINE ONE USED)	<u>PREVIOUS NAME</u> (IF APPLICABLE)	<u>BIRTHDATE</u> (dd/mmm/yyyy)
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has applied to the **Master of Education in Special Education** program.

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 a) How long have you known the applicant? _____

1 b) 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							
Ability to Value & Respect Diversity/Difference							
Potential for Research & Inquiry							
Overall Rating							

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

4) Recommendation for Admission to Graduate Studies:

Highly recommended Recommended Recommended with reservations Not recommended (provide reasons in comment box above)

REFEREE, PLEASE COMPLETE AS FOLLOWS*:

Name: _____ Professional Role/Title: _____

Complete Mailing Address: _____

Email, Telephone, Fax Number: _____

Referee's Signature:

Date:

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