

Student Information *(To be completed by applicant)*

Print **your name and address** in the space below and give this form to the person providing a reference. This should be an individual who is familiar with your character, professional conduct and potential readiness for Corban University School of Education. This should be someone who has known you for at least **one year** and **is not a relative**.

Last	First	Middle
Address	City	State Zip

☐ I waive my right to review this form once submitted to Corban University.

Recommendation *(To be completed by reference)*

This individual whose name appears above is required to provide a reference prior to being admitted to Corban University School of Education. Applicants are evaluated on the basis of potential for success in the Education program and as a future classroom teacher; therefore, your thoughtful evaluation is appreciated.

If you need additional space for any of the questions below, please use a separate piece of paper and attach it to this form.

1. How long have you known the applicant and in what capacity? *(Be specific)*

2. Please evaluate the applicant's qualifications by checking the appropriate box.

	Superior	Above Average	Average	Below Average	Not Observed
Values and demonstrates honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perceives & respects boundaries (physical, emotional, social) of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dresses appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens and values others' ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to consider new ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perceives and respects diversity based on age, ethnicity, race, socioeconomic status, gender, sexual orientation, language, and religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrives on time and completes tasks on schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please list a few strengths that you see in the applicant as you have interacted with them:

4. What are growth opportunities for the applicant?

5. The applicant has a strong potential for success in the School of Education and as a future classroom teacher:

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

6. Additional comments:

7. Do you recommend this applicant for admission to Corban University School of Education?

☐ Highly Recommend ☐ Recommend ☐ Recommend with Reservations ☐ Do Not Recommend

Evaluator's Name _____ Phone () _____

Address _____ Email _____

City _____ State _____ Zip _____

Position or Occupation _____ Employer or Organization _____

Church _____ Leadership Position _____

May we contact you if we need clarification concerning this form? ☐ Yes ☐ No

I am a graduate of ☐ Corban University ☐ Other _____

Signature _____ Date _____

Please Return to:

CORBAN EDUCATION DEPARTMENT

MEGAN MARENTES

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