

Education Assistant Program Reference Form

| This form is to be completed by the applicant's referee. | Return to: Admissions Office | | | |
|---|------------------------------|--|--|--|
| | Coast Mountain College | | | |
| CONFIDENTIAL REPORT ON APPLICANT FOR | 5331 McConnell Ave | | | |
| ADMISSION TO EDUA PROGRAM | Terrace BC V8G 4X2 | | | |
| | Tel: 250-635-6511 | | | |
| | Fax: 250-638-5432 | | | |
| (name of applicant) | | | | |
| Has applied for admission to the Education Assistant Program and has selected you as a referee. | | | | |
| Please complete to the best of your knowledge. | | | | |
| | | | | |
| Note : Under the 1993 Freedom of Information and Protection of Privacy Act applicants my request a | | | | |
| copy of this report. | | | | |
| | | | | |
| How long have you known the applicant? | | | | |
| | | | | |
| In what capacity? | | | | |
| | | | | |
| Number of hours of volunteer or work experience(if applicable) | | | | |
| Part 1: To what extent has the applicant demonstrated the fo | llowing: | | | |
| rate in the strike exterit has the applicant acmount attack the lo | | | | |

| | Superior | Good | Average | Fair | Cannot Judge |
|----------------------------------|----------|------|---------|------|-----------------|
| Intellectual ability | | | | | |
| Creative and Independent Thought | | | | | |
| Sensitive to Social Problems | | | | | |
| Integrity | | | | | |
| Maturity | | | | | |
| Verbal Communication | | | | | |
| Written Communication | | | | | |
| Capacity for Personal Change | | | | | |
| Ability to Relate to Others | | | | | |
| Ability to Perceive and Solve | | | | | |

(Please check accordingly)

| | nave taught this person in an Academic course, where would you rate the applicant in relation to mic Performance? (Top 5%, 10%, 25%, 50%, etc) |
|---------|--|
| Part 2: | Where possible, please comment on your perception of the applicant in the following areas: |
| 1. | Motivation and desire to enter the indicated program |
| | |
| 2. | Ability to deal with stressful situations |
| | |
| 3. | Strengths and limitations |
| | |
| | |
| | Additional comments about the applicant's suitability to work in the Education Assistant Program |
| | |
| | |
| Name | of Referee: (Please Print) (Signature) |
| Positio | n in Agency/Organization |
| Agency | y/Organization |
| Addres | ss |
| Daytim | ne phone number |

Thank you for your thoughtful attention to this recommendation.