REFERENCE FORM
Graduate Programs in Special Education

**This evaluation is open to the candidate upon his/her request and is not to be considered confidential.

______________________________ is applying for admission to a special education graduate program in the School of Intervention Services at Bowling Green State University. The program is interested in your appraisal of the applicant’s qualifications for the graduate program checked below.

1. To which program is the applicant applying?
   - ☐ Assistive Technology  ☐ Autism Spectrum Disorders
   - ☐ Intervention Specialist  ☐ Secondary Transition

2. How long have you known the applicant? ________________________________

3. How well do you know the applicant?
   - ☐ Casually  ☐ Fairly Well  ☐ Very Well

4. In what relationship have you known the applicant?
   - ☐ Student  ☐ Employee  ☐ Other ________________________________

5. What are the applicant’s outstanding assets? If possible, please supplement your statement with specific evidence, illustrations, or examples. Note particular qualities, which may make him/her successful as a graduate student.

**In accordance with the Family Education Rights & Privacy Act of 1974 (PL 93-380), students may be given access to their files upon request.**
6. Would you estimate the applicant’s ability to do graduate work?

- [ ] I believe he/she will be a very promising candidate.
- [ ] He/She should be able to complete the program.
- [ ] I have some reservations about his/her ability to complete the program.

7. Evaluate the applicant on the following items. If information available is inadequate to make a rating, check the "No Rating" column.

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<th>Item</th>
<th>Excellent</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>No Rating</th>
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8. Please write below any further comments you may wish to make regarding the applicant’s ability as a scholar.

If you would like to add a supplementary letter, it will receive careful consideration. Your cooperation is sincerely appreciated.

NAME __________________________ TITLE __________________________
INSTITUTION __________________________
ADDRESS __________________________________________
PHONE __________________________ DATE __________________________

Please return form by U.S. mail, email, or fax to: School of Intervention Services
Attn: Brittany Joseph
412 Education Building
Bowling Green State University
Bowling Green, OH 43403
Email: siscohorts@bgsu.edu
Fax: 419.372.8265