

Simpson University School of Education Professional Reference

2211 College View Drive Redding, California 96003

www.simpsonu.edu

GENERAL INFORMATION

Program for which you are applying:

- | | |
|---|--|
| <input type="checkbox"/> Single Subject Teaching Credential | <input type="checkbox"/> Multiple Subject Teaching Credential |
| <input type="checkbox"/> Masters of Arts in Education | <input type="checkbox"/> Preliminary Administrative Service Credential |
| <input type="checkbox"/> Non – Degree Seeking Student | |

Program Location

Redding (Main) Other _____

Enrollment Term

Fall _____ Spring _____ Summer _____

Please Type or Print

Name of Applicant: _____

Address: _____ City: _____ State _____ Zip _____

Phone Home: _____ Work: _____ Cell: _____

TO THE APPLICANT: The statements on this reference will be kept confidential. We suggest that you sign the following statement to allow your evaluator greater freedom in his/her response.

"I understand that this confidential statement will be submitted to the admissions committee at Simpson University, and its contents will not be shared with me. This information will be used for admission purposes only. I hereby waive my right to see this evaluation. I realize this waiver is NOT required as a condition of admission."

Applicant's Signature: _____

TO THE EVALUATOR: Simpson University is seeking to build within the University School of Education a community of persons who have a desire to learn, a commitment to excellence, and a wish to become all that God wants them to be. With this in mind, please give us your careful, honest, and straightforward assessment of this applicant's capacity to pursue graduate study. We value your responses; please be THOROUGH AND SPECIFIC. *Thank you.*

How long have you known the applicant?

What is your relationship to the applicant?

What do you consider to be the applicant's strengths and limitations?

How does the applicant relate to children and/or adolescents?

How do you rate the applicant in the following areas on a scale of 1-5, using 5 as excellent, 3 as average and 1 as poor

____ Responsibility ____ Maturity ____ Tact/Courtesy ____ Personal Initiative ____ Integrity/Honesty

Do you have any reservations about recommending this person to be a future educator? Yes / No (if yes, please explain)

Printed Name of Reference

Date

Phone Number

Title/Position

**Please mail completed form to Simpson University – Admissions Office 2211 College View Drive Redding CA 96003
or email to admissions@simpsonu.edu**