



Name of Applicant \_\_\_\_\_

Concordia ID Number

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The above named applicant is applying for admission to the Faculty of Education at Concordia University College of Alberta and has provided your name as a referee. Although many factors are considered in the admission selection process, Concordia relies on the information provided by those personally familiar with the applicant. We appreciate your frankness in describing the applicant's suitability for the teaching profession. The information that you provide is confidential and will not be revealed to the applicant.

**Please complete and return this form before May 1<sup>st</sup>.** Applicants are not considered until their *Confidential Assessment Forms* are received and their application files are complete. **Please type or print legibly in ink.**

1. a) How long have you known the applicant? \_\_\_\_\_
- b) What is your relationship to the applicant? \_\_\_\_\_
- Employer/Supervisor     Teacher/Professor     Community/Church     Other \_\_\_\_\_

2. In comparison with other individuals you have known in a similar capacity, how would you rate this applicant in the attributes below? Please check "Insufficient Knowledge" if you are not knowledgeable on any given attribute.

	Outstanding (Top 5%)	Superior (Top 15%)	Good (Top 25%)	Average (Top 50%)	Below Average (Bottom 50%)	Insufficient Knowledge
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management/Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well as a Team Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English Proficiency: Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English Proficiency: Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity/Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement/Common Sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Relate to Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching Potential/Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. We welcome your comments on your ranking of the candidate in question 2. If you have ranked the candidate as "Outstanding" or "Below Average", please explain. Feel free to share any other general comments regarding this candidate. If necessary, attach one additional sheet.

4. Is the applicant the type of individual you would want teaching your children?  Yes  No  
Please explain:

**Notes to the Referee:**

After completing the *Confidential Assessment Form*, please place it in an envelope, and:

1. If you are giving the *Confidential Assessment Form* to the applicant or designate to deliver by hand, **seal the envelope and sign across the sealed flap**. Student and Enrolment Services cannot accept hand-delivered references that are not sealed in this manner.
2. To ensure confidentiality, we would prefer that you **return or mail the form directly** to the address below.

**Return, before May 1<sup>st</sup>, to:**

Student and Enrolment Services  
Concordia University College of Alberta  
7128 Ada Boulevard  
Edmonton AB Canada T5B 4E4

Phone: (780) 479-9220

Toll-free: 1-866-479-5200

Fax: (780) 378-8460

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution/Company \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_



**CONCORDIA**  
University College of Alberta  
You can do that here.