



Spalding University
Master of Arts in Applied Behavior Analysis
RECOMMENDATION FORM

TO BE COMPLETED BY APPLICANT:

Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____ Telephone: _____

Email Address: _____

The Family Educational Rights and Privacy Act of 1974 opens many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing the right to read this reference. Please indicate your choice.

I waive my right to read this reference. _____
Signature Date

I do not waive my right to read this reference. _____
Signature Date

To be completed by reference:

Name: _____ Date _____

Position or Title: _____

Address: _____

Signature: _____

Please provide us with an attached letter of recommendation which addresses any comments concerning the applicant's professional character and academic ability. This information will assist us in a better understanding of the individual's background to perform graduate study in the area desired. Please be sure to include in the information how long and in what capacity you have known the applicant.

Please complete the requested information on the reverse side of this form.

Please rate the applicant on the following items:

I. ACADEMIC ABILITY AND PROFESSIONAL ATTITUDES

	Well Above Average	Above Average	Average	Weak	Very Poor	Unable to Evaluate
A. General scholarship						
B. Organization of work habits						
C. Ability to meet deadlines						
D. English usage						
E. Creativity & intellectual capacity						
F. Oral communication skills						
G. Class participation						
H. Academic attitudes						
I. Professional attitudes						
J. Performance						
K. Other (please specify)						

Comments/Other _____

II. PERSONAL TRAITS RELATED TO PROFESSIONAL ABILITY

	Well Above Average	Above Average	Average	Weak	Very Poor	Unable to Evaluate
A. Leadership ability						
B. Community involvement						
C. Self-confidence						
D. Ability to accept responsibility						
E. Enthusiasm						
F. Maturity						
G. Ability to accept criticism						
H. Cooperativeness						
I. Other (please specify)						

Comments/Other _____

Please return this form, **along with an attached letter of recommendation**, in a sealed envelope with your name written across the seal to the applicant or mail directly to the address listed below.

SPALDING UNIVERSITY
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