

## BACHELOR OF EDUCATION REFEREE'S REPORT

**Applicant:** Send a link for the reference form to your referee by e-mail and include your full name, date of birth, phone number and UFV student number (if known) in the e-mail. Referees should be selected with care. References from friends and relatives are not acceptable. Both referees should have directly observed your interactions with groups of school-aged children.

Referee: This applicant is seeking admission to the Bachelor of Education (BEd) at the University of the Fraser Valley. Applicants to the BEd are required to have two letters of reference submitted before they will be considered for admission. (1) Save form by clicking on File – Save As... on the menu bar; (2) Ensure that you are saving the file in PDF format; (3) Specify where you would like to save the file, e.g. Desktop; (4) Complete the entire form and save the file; (5) Attach it in an email to <a href="mailto:admissions@ufv.ca">admissions@ufv.ca</a>

It is the policy of UFV to **treat as confidential** any reference reports or letters of reference which UFV receives as part of an applicant's admission documents. We protect the privacy and maintain the confidentiality of personal information.

| Section 1: Applicant Information  |                     |        |                                |        |  |  |
|---|---------------------|--------|--------------------------------|--------|--|--|
| Name of applicant   |                     |        | UFV Student Number (if known): |        |  |  |
|   |                     |        |                                |        |  |  |
| Date of Birth:  |                     |        | Phone number (with area code): |        |  |  |
| Day: Month: Year:   |                     |        |                                |        |  |  |
| Section 2: Referee Information  |                     |        |                                |        |  |  |
| Last Name:  | First Name:         |        |                                | Title: |  |  |
| Employer/School:  | oyer/School: Title: |        |                                |        |  |  |
| Address:  |                     | Phone: |                                |        |  |  |
| Institutional email address:  |                     |        |                                |        |  |  |
| Section 3: Referee Report   |                     |        |                                |        |  |  |
| 1. In what capacity and for how long have you known the applicant?  |                     |        |                                |        |  |  |
|   |                     |        |                                |        |  |  |
|   |                     |        |                                |        |  |  |
|   |                     |        |                                |        |  |  |
| 2. Describe the nature of the work you observed the applicant perform and indicate how long the applicant worked in this situation. |                     |        |                                |        |  |  |
|   |                     |        |                                |        |  |  |
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|   |                     |        |                                |        |  |  |
|   |                     |        |                                |        |  |  |
|   |                     |        |                                |        |  |  |

| 3. What four major strengths of the applicant will be most helpful as a future teacher?   |                                      |             |       |  |  |  |  |
|---|--------------------------------------|-------------|-------|--|--|--|--|
|   |                                      |             |       |  |  |  |  |
|   |                                      |             |       |  |  |  |  |
|   |                                      |             |       |  |  |  |  |
|   |                                      |             |       |  |  |  |  |
| 4. Describe opportunities the applicant has had to work with diverse student groups.  |                                      |             |       |  |  |  |  |
|   |                                      |             |       |  |  |  |  |
|   |                                      |             |       |  |  |  |  |
|   |                                      |             |       |  |  |  |  |
|   |                                      |             |       |  |  |  |  |
|   |                                      |             |       |  |  |  |  |
|   |                                      |             |       |  |  |  |  |
| 5. What feedback did you provide to the applicant during his/her time with you?   |                                      |             |       |  |  |  |  |
|   |                                      |             |       |  |  |  |  |
|   |                                      |             |       |  |  |  |  |
|   |                                      |             |       |  |  |  |  |
|   |                                      |             |       |  |  |  |  |
|   |                                      |             |       |  |  |  |  |
| 6. Based on your knowledge of the applicant, suggest ways that our Teacher Education Program can support her/him during the professional year.  |                                      |             |       |  |  |  |  |
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|   |                                      |             |       |  |  |  |  |
|   |                                      |             |       |  |  |  |  |
| 7. Please provide any information as to why this applicant should <u>not</u> become a teacher.  |                                      |             |       |  |  |  |  |
|   |                                      |             |       |  |  |  |  |
| 9 Places rank the applicant on  | his or her suitability as a future t | toachar     |       |  |  |  |  |
|   | ery good Good                        | OK Poor     |       |  |  |  |  |
|   |                                      |             |       |  |  |  |  |
| Section 4: Declaration, Signature and Submission of Form  |                                      |             |       |  |  |  |  |
| I certify that the information contained in this form is complete and correct to the best of my knowledge. I understand that the Teacher Education department will verify documents submitted in support of a BEd application and that the submission of falsified documents is considered a serious offence. |                                      |             |       |  |  |  |  |
| I have read and agree with the above declaration.   |                                      |             |       |  |  |  |  |
| Last Name:  | First Name:                          | Title/Role: | Date: |  |  |  |  |