

Department of Teaching and Learning
COLLEGE OF EDUCATION AND HUMAN ECOLOGY

Teaching Visual Impairments (TVI) Licensure-Only Program
Reference Feedback Form

Candidates are instructed to provide an electronic copy of this form to each reference. References are required to email the completed and signed form as a document attachment to tl-academicservices@osu.edu by the published deadline.

APPLICANT INFORMATION

First Name:	
Last Name:	

REFERENCE INFORMATION

First Name:	
Last Name:	
Preferred/Primary Email Address:	
Street Address:	
City, State:	
Zip Code:	
Primary Phone Number:	
How long have you know this applicant?	

REFERENCE QUESTIONS

1. What is the nature of your relationship with the applicant? How did you come to know him/her?

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2. Please comment on the applicant's academic ability and/or quality of his/her work/professional experience.

3. Please comment on the applicant's verbal and written communication skills.

4. Please comment on the applicant's interpersonal skills, such as relating to work supervisors, clients, colleagues, friends, etc.

5. Using the follow chart, indicate at which level you consider the applicant in each of the areas, using the scale provided:

	Very Low 1% - 25%	Below Average 26% - 50%	Average 51% - 75%	Very Good 76% - 90%	Outstanding 91% - 100%	Unable to Evaluate
Academic Ability/Quality of Work						
Communication Skills						
Interpersonal Skills						

6. Does the applicant's choice of licensure/graduate program indicated above seem consistent with your knowledge of the applicant? Please explain.

7. Describe the applicant's personal strengths and limitations that may affect his/her ability to complete graduate-level coursework and carry out the professional duties of a Teacher of the Orientation and Mobility/Intervention Specialist in Visual Impairments.

8. If you alone were making the decision to accept this applicant as a graduate student, which one of the following would best describe your decision? (Please check one only)

<input type="checkbox"/>	Recruit - Will be a truly outstanding student and professional
<input type="checkbox"/>	Definitely Accept - Will complete the coursework at a superior level
<input type="checkbox"/>	Accept - Will complete coursework at an adequate level
<input type="checkbox"/>	Accept - Without reservations about ability or motivation
<input type="checkbox"/>	Accept - With reservations about potential as a Teacher of O&M or Intervention Specialist in VI.
<input type="checkbox"/>	Do Not Accept - Please Explain in #6 above.

REFERENCE SIGNATURE

I certify that all of the responses above are true and correct.