**YORK-SENECA REHABILITATION SERVICES PROGRAM**

 **CONFIDENTIAL EVALUATION**

Name of Applicant:

Name of Referee:

Organization:

Position:

Address of Referee:

Telephone: E-mail:

To the Referee: The above-named applicant to the York-Seneca Rehabilitation Services Program has given your name as a referee. We would be most appreciative if you could take a few moments to complete this confidential evaluation for this person’s preparation for a rehabilitation program.

1. How long have you known the applicant?

1. What is your relationship to the applicant?
2. How well do you know the applicant, select one : Very well, Well, Reasonably Well, Not well at all.
3. Please rate the applicant in terms of the following attributes:

Excellent, Very Good, Average, Fair, Poor, No basis to Judge.

* Academic Ability:
* Ability for Self-Directed Learning:
* Fluency in English – spoken:
* Fluency in English – written:
* Co-operation:
* Organizational ability:
* Professionalism:
* Leadership Capabilities:
* Maturity:
* Emotional Stability:
* Tolerance of Others:
* Ability to Work as Part of a Team:
* Enthusiasm for Therapy Profession:
* Experience related to the field of rehabilitation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Have you directly observed this applicant working with people who have special needs?

Yes \_\_\_\_ No \_\_\_\_

If yes, please elaborate on how this applicant has interacted with people who have special needs in your setting. Please comment on the applicant’s strengths and weaknesses in relating to others in your answer.

6. In your judgment, do you find the applicant capable of making and sustaining stable interpersonal relationships? Please state your basis for making this judgment.

1. Please comment on the applicant’s ability (or potential) to manage stressful situations such as a heavy workload or conflict in the workplace.
2. How would you describe their written and verbal communication skills?
3. Please make any other comments you believe would assist us in making a decision about accepting the applicant into this program.

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Signature (if submitting hard copy) Date

***If you are submitting a hard copy of this form, please return the completed form to the applicant in a sealed envelope with your signature across the envelope flap. Thank you!***