



**Deaf and Hard of Hearing Teacher Education Program:
Reference Form - Application Package for 2017/2018**
Faculty of Education, York University

York University, 4700 Keele St., DHH Teacher Education Program, 108 Winters College, Toronto, ON M3J 1P3
Telephone: (416) 736-5971 ~ Fax: (416) 736-5146 ~ TTY: (416) 736-5972
Application Deadline: March 15, 2017 incomplete applications will not be processed

Part 1: To be completed by the Applicant - Please ensure that you complete Part 1 before sending to your referees.

York University Student Number (If applicable)

Ontario College of Teachers Registration Number (6-digits)

Legal First Name

Legal Surname (Family Name)

Part 2: To be completed by the Referee

Please write a letter of reference, on official letterhead paper, which elaborates on the categories below, and attach this form to the letter. Please put this form and your reference letter in a sealed envelope and sign the closure before returning it to the applicant. Applicants must include SEALED references in their application package.

Please enter the number of year(s) and/or months you have known this applicant

Please enter the position the applicant held when you knew them (e.g., student, teacher, aide)

Please enter your relationship with the Applicant (e.g., direct supervisor, colleague)

Responses are confidential and for the use of the admissions committee only. They will not be shared with the applicant during or after the admission process.

	Excellent	Very Good	Good	Average	Below Average	Inadequate opportunity to observe
Ability to express herself/himself in face-to-face communication						
Ability to express herself/himself in writing						
Level of intellectual curiosity						
Receptiveness to new ideas						
Ability to work collaboratively with diverse groups of people						
Imagination and creativity						
Sense of responsibility						

First and Last Name of Referee

Position

Name of Institution

Signature of Referee

Date

