ALLEN COLLEGE
Doctor of Education
REFERENCE FORM

The applicant named below is applying for admission to the Allen College Doctor of Education program. Your cooperation in completing the questions below will be very valuable to us in considering this candidate for admission. After you have completed this form, please mail it to: Student Services Office, Allen College, 1825 Logan Avenue, Waterloo, Iowa 50703.

APPLICANT: ________________________________

I authorize ________________________________ to complete this reference form and understand that the information will remain confidential.

WAIVER
I understand that, under the provision of the Family Educational Rights and Privacy Act of 1974 (FERPA), I have the right to examine this recommendation unless such right is waived. (Please indicate below whether or not you wish to waive this right by checking the appropriate box and completing the signature and date.)

☐ I expressly waive my right to examine or otherwise have access to this recommendation.

☐ I do not expressly waive my right to examine or otherwise have access to this recommendation.

Signature: ________________________________ Date: ____________________

NOTICE TO THE PERSON WRITING THIS RECOMMENDATION:
Unless the above waiver is checked and signed, this recommendation may be examined by the applicant.

EVALUATION
1. Please rate this applicant on each item as compared to other individuals of similar education and experience with whom you have been associated. Use the following numerical scale:

<table>
<thead>
<tr>
<th>1 – Outstanding</th>
<th>2 – Very Good</th>
<th>3 – Average</th>
<th>4 - Fair</th>
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</thead>
<tbody>
<tr>
<td>Intellectual Capability</td>
<td>Written Communication</td>
<td></td>
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<tr>
<td>Clinical Competence</td>
<td>Oral Communication</td>
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<tr>
<td>Critical Thinking</td>
<td>Self Reliance/Initiative</td>
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<tr>
<td>Leadership Ability</td>
<td>Perseverance Toward Goals</td>
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<tr>
<td>Interpersonal Skills</td>
<td>Professional Demeanor</td>
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</tbody>
</table>
2. Please describe your assessment of the applicant’s abilities and potential for graduate study:

3. Please describe your assessment of the applicant’s abilities and potential for a career in teaching and/or leadership in health sciences education:

4. Please describe your association with the applicant including dates:

Evaluator: ____________________________________________

Name _________________________________________ Title ____________________________________________

Institution ____________________________________________

Address __________________________________________ City __________________________ State ________ ZIP

Telephone __________________________ Email ________________________________________________