



**BEACON
COLLEGE**

Office of Enrollment Management
105 E. Main Street
Leesburg, FL 34748
www.beaconcollege.edu
(352) 638-9731
fax (352) 787-0796

Reference Form

Applicant: Print or type your name, address, phone number and e-mail below then give this form to one of your references. Please note that **three references** are required and can be from any of the following: **teachers, tutors, and or guidance counselors.** Mail reference form to: Admissions, Beacon College, 105 East Main Street, Leesburg, FL 34748 **or** you may fax it to (352) 787-0796 **or** you may scan and email completed form to admissions@beaconcollege.edu.

Applicant's Name: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Home Phone: () _____ Country Code: _____

Email: _____

Under the provisions of the Family Educational Rights and Privacy Act of 1994, you have the right of access to your reference forms. You may waive this right, but it is not required for admission. Sign this statement if you wish to waive your right. I hereby voluntarily waive my right of access to any information contained on this recommendation form and agree that the statement shall remain confidential.

Applicant's Signature: _____ Date: _____

To the person completing this form: The above-named applicant is applying to Beacon College, a liberal arts college exclusively for the student with a specific learning disability and/or ADHD, and/or LD Gifted. If you believe you are not sufficiently acquainted with the applicant, please return this form to him/her.

How long have you known the applicant? Years: _____ Months: _____

Reference Type: Teacher Tutor Guidance Counselor

Other: _____

What would you consider to be the applicant's area(s) of strength? _____

What would you consider to be the applicant's area(s) of weakness? _____

In your opinion, is the applicant suited for college participation? If so, what support services do you think the applicant would need in order to be successful? If no, please explain: _____

Please rate the applicant's ability in the following areas:

- | | | | | |
|----------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Adapts to change: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Advocates for self: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Forms peer relationships: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Manages anger: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Manages time: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Respects authority: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Exhibits independence: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

Please rate the applicant's ability in the following areas:

- | | | | | |
|--------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Motivation: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Initiative: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Creative qualities: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Self-discipline: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Responsibility: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| College readiness: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Intellectual curiosity: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Leadership: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

How would you rate the personal traits of this candidate?

- | | | | | |
|--------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Integrity: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Civic Mindedness: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Perseverance: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Work Ethic: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

Today's Date: _____ Signature: _____

Printed Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Pref. Phone: () _____ Email: _____

Alt. Phone: () _____ Fax: () _____

Best day/time to contact: _____