



# Reference Form

NYIT School of Interdisciplinary Studies and  
Education Master of Science in School Counseling

## APPLICANT INFORMATION

Last name	First name	Middle name
Preferred Phone number	Preferred email	
Address		
City	State	Zip code

Please complete the above portion and distribute one form to each reference. You must have a total of three (3) references in your portfolio. Your references can either submit the form back to you in a sealed envelope or directly submit their form to the school counseling department via email/fax/mail (see contact information at the end of the form).

I give permission for this information to remain confidential and not made available to me.

I reserve the right to view this information.

Applicant's signature	Date	MM/DD/YYYY
-----------------------	------	------------

## REFERENCE INFORMATION

Last name	First name	Middle name
Title		
Preferred Phone number	Preferred email	
Address		
City	State	Zip code

Thank you for your willingness to serve as an official reference for the above named applicant for admission into the School Counseling Program at NYIT (New York Institute of Technology). Your comments and observations are an essential part of our admissions decisions. We ask you for your honest and direct feedback regarding the qualifications of the applicant. This form has been designed to aid you in this process. Please complete the rating scales and whenever possible provide narrative comments that address specific behaviors you have observed regarding the applicant.

1. How long have you known the applicant?	From	MM/DD/YYYY	To	MM/DD/YYYY
---	------	------------	----	------------

### 2. Please indicate how you know the applicant

### 3. Please assess the following characteristics of the candidate on a four point scale as indicated below. Where appropriate, please provide an example of a specific activity or action performed by the candidate which you believe supports your rating.

5 = superior, top 5%	3 = above average, top 25%	1 = low level, bottom 50%
4 = high level, top 10%	2 = average level, top 50%	d/k = don't know/no basis for judgment

d/k 1 2 3 4 5

#### a. Demonstrates professional behavior

Comments/example

d/k 1 2 3 4 5

#### b. Demonstrates ethical behavior

Comments/example

---

d/k 1 2 3 4 5

**c. Displays a commitment to social justice**

Comments/example

---

---

d/k 1 2 3 4 5

**d. Has demonstrated leadership potential**

Comments/example

---

---

d/k 1 2 3 4 5

**e. Considers situational and environmental factors that influence behavior**

Comments/example

---

---

d/k 1 2 3 4 5

**f. Actively engages in activities that will improve professional effectiveness**

Comments/example

---

---

d/k 1 2 3 4 5

**g. Shows a genuine interest in working with children, youth, and teens**

Comments/example

---

---

**4. Please rate the candidate on your overall sense of his/her ability and potential**

d/k 1 2 3 4 5

a. As a Master's degree candidate

---

b. To undertake a rigorous academic course of study

---

---

**5. Please provide any additional comments regarding this applicant's ability and potential to become an effective school counselor**

---

Signature

Date

MM/DD/YYYY

---

---

**CONTACT INFORMATION**

Please submit reference form via mail/fax/email to:

**New York Institute of Technology**

School Counseling Program  
26 West 61st Street, Room 205 New York, NY 10023

**Fax:** 646.273.6125

**Email:** schoolcounseling@nyit.edu

**nyit.edu**

*School of Interdisciplinary Studies & Education*