Certificate Program in Assistive and Rehabilitation Technology
Reference Form
Department of Rehabilitation Science
UNIVERSITY AT BUFFALO

Please mail to: Program Director, Certificate Program in Assistive and Rehabilitation Technology
Department of Rehabilitation Science, University at Buffalo
515 Kimball Tower
Buffalo, New York 14214

Applicant Name: _____

I hereby waive my right to inspect this form and attachments of continuation. I understand I may not be required by this institution to waive that right as a condition for admission.

Date: _____   Applicant Signature: _____

PLEASE NOTE: *If the student does not sign the statement, the law specifically reserves to the student the right of access to the letter in question.*

I have known applicant for _____ year(s) in my capacity as _____

I've observed the applicant in the role of: ☐ Employer   ☐ Volunteer   ☐ Student   ☐ Other (   )

	Outstanding Top 5%	*Very Good Top5-10%*	*Above Average Top10-25%*	*Average Top 25-50%*	*Below Average Lower 50%*
Academic Ability					
Critical Thinking Skills					
Oral Communication Skills					
Written Communication Skills					
Creativity					
Initiative					
Organization and Work Habits					
Sense of Responsibility					
Interpersonal Skills					

Please attach a letter of reference that comments specifically on the applicant's potential for successful graduate study and clinical performance in the field of assistive technology. Descriptions of related accomplishments and personal qualities are particularly helpful. Several paragraphs will be more helpful to the admissions committee than one or two sentences.

Please indicate the strength of your recommendation of the applicant by placing an "X" along the following scale:

Most Highly Recommended	Highly Recommended	Recommended	Recommended with Reservations	Not recommended

Signature _____   Date _____
Name _____
Title/Organization _____
Address/Telephone _____
City,State,Zip _____