



NEW YORK INSTITUTE OF TECHNOLOGY

**NYIT School of Education  
Master of Science in School Counseling  
Reference Form**

Applicant: \_\_\_\_\_  
Last First Middle

Preferred Phone Number: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**To the Applicant:** 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

Reference Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

**To the reference:** Thank you for your willingness to serve as an official reference for the above named applicant for admission into the School Counseling Program at the 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: \_\_\_\_\_ To: \_\_\_\_\_

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

- |   |     |   |   |   |   |   |
|---|-----|---|---|---|---|---|
| a. Displays an orientation to professional behaviors.....<br>Comments/ Example:   | d/k | 1 | 2 | 3 | 4 | 5 |
| b. Demonstrates ethical behavior.....<br>Comments/ Example:   | d/k | 1 | 2 | 3 | 4 | 5 |
| c. Displays a commitment to social justice.....<br>Comments/ Example:   | d/k | 1 | 2 | 3 | 4 | 5 |
| d. Has demonstrated leadership potential.....<br>Comments/ Example:   | d/k | 1 | 2 | 3 | 4 | 5 |
| e. Considers situational and environmental factors that influence behavior.....<br>Comments/ Example:   | d/k | 1 | 2 | 3 | 4 | 5 |
| f. Acts in a manner that is respectful to age, gender, sexual orientation, language, disability, spirituality, and culture differences.....<br>Comments/ Example: | d/k | 1 | 2 | 3 | 4 | 5 |
| g. Actively engages in activities that will improve professional effectiveness.....<br>Comments/ Example:   | d/k | 1 | 2 | 3 | 4 | 5 |

- h. Shows a genuine interest in working with children, youth and teens.....  
Comments/ Example:

d/k 1 2 3 4 5

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

As a Master's degree candidate .....

d/k 1 2 3 4 5

To undertake academic rigor.....

d/k 1 2 3 4 5

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

**New York Institute of Technology  
School of Education - School Counseling Program  
26 West 61st Street, Room 205  
New York, NY 10023  
Fax: 646-273-6125  
Email Erin Fabian at [efabian@nyit.edu](mailto:efabian@nyit.edu)**