



Alternative Certification Program Reference Form

Forms should be completed by professional references – employer, work supervisor, college instructor

Return to: College of Public Service Advising Center ▪ University of Houston-Downtown ▪ One Main Street, Commerce Bldg., Suite C420 ▪ Houston, TX 77002-1001, Fax 713-226-5234

Application Deadlines: July 1 (Fall Admission) November 1 (Spring Admission)

To the Applicant: Complete items 1-4. Give a copy of this form to each person who is serving as a reference for you.

1. Your name _____
2. Name of your reference _____
3. The Family Educational Rights and Privacy Act of 1974 provides the applicant the right of access to view the contents of this reference form and any attachments. Please check the appropriate box below regarding this right.
 - I hereby waive my right of access to view this reference form and any attachments in my file.
 - I do not waive my right of access to view this reference form and any attachments in my file.
4. Your signature _____ Date _____

To the person completing this form: Complete items 1-4 below. Please include any additional comments elaborating on your experience with this applicant in a signed letter.

1. How long have you known and/or observed the applicant? _____
2. In what capacity have you know the applicant? _____
3. Please evaluate the applicant based on your observation and interaction with him or her. Place a check in the column that most nearly represents your opinion for each area of evaluation. Please check only **one** rating per area of evaluation. If you lack the knowledge to make a definite rating, please check "No Opportunity to Observe".
4. Do you know of any reason why this candidate might not complete the ACP program at this time? _____

Area of Evaluation	Superior (Top 10%)	Very Good (Upper 10-20%)	Above Average (Upper 21-30%)	Average	Below Average	Inadequate Opportunity to Observe
Intellectual ability						
Writing ability						
Problem-solving skills						
Motivation						
Ability to work independently						
Ability to work with others						
Professionalism						
Oral Communication skills						
Enthusiasm for new information						
Technology skills						
Persistence						

Recommendation based on applicant's ability to pursue a post-baccalaureate program and teacher certification (check one):

- Strongly recommend Recommend Recommend with reservation Do not recommend

5. Name (please print) & Signature of Person Completing This Form _____
 Title _____ Company Name _____
 Email _____ Phone: _____

Instructions for returning this form: Mail or fax form and any attachments to: College of Public Service Advising Center ▪ University of Houston-Downtown ▪ One Main Street, Commerce Bldg., Suite C420 ▪ Houston, TX 77002-1001 ▪ FAX 713-226-5234