

ORPAS Confidential Assessment Form - Academic

To the Referee

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

How long have you known the applicant? _____ (e.g., Group of 50, 100)

To approximately how many students, in the past five years and at the same level of study, are you comparing the applicant? _____

Intellectual Capacity	Initiative	Leadership Capability	Maturity	Co-operation	Originality	Problem Solving	Fluency in Spoken English	Fluency in Written English	Fluency in Spoken Foreign Language	Fluency in Written Foreign Language	Ability to Communicate	Emotional Stability	Ability to Relate to Others	Ability for Self-directed Learning	Overall Rating
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(e.g., six months) Is the applicant the type of person who would make a good health care professional? Yes No

I have known the applicant for _____ in the capacity of _____ (e.g., supervisor). No _____ include an explanation in your accompanying letter.