

## CONFIDENTIAL UPON COMPLETION

\_\_\_\_\_ has applied for admission to the pre-service Diploma of Education program at Covenant Canadian Reformed Teachers College and has given your name as an academic reference. Using the scale below as a guide, please provide the number that you believe comes closest to representing the applicant in each characteristic listed. Please complete this form within 10 days, and send it directly to **Admissions Office - Covenant Canadian Reformed Teachers College** in the envelope provided or by email.

### PREAMBLE

As you respond to the questions below, please think primarily as a pastor or elder, assessing the applicant's spiritual preparedness and maturity to flourish in a deeply faith-based program and career such as this, with reference to his/her character, involvement, and membership status in your church.

#### ASSESSMENT SCALE

Very Good 9-10

Good 7-8

Average 5-6

Poor 3-4

Very Poor 1-2

Do not know 0

#### APPLICANT CHARACTERISTICS

\_\_\_\_\_ Intellectual Ability

\_\_\_\_\_ Emotional Stability

\_\_\_\_\_ Leadership Potential

\_\_\_\_\_ Maturity

\_\_\_\_\_ Christian Commitment

\_\_\_\_\_ Personal Qualities Related to Teaching

1. Please identify the congregation and membership status of the applicant.
  
2. How long have you known this applicant?
  
3. From your perspective, how well do you know the applicant? Please explain.

4. As a pastoral referee, what do you see as the applicant's strengths and weaknesses?
5. Are you aware of any factors, either positive or negative, that might influence the applicant's success in the *pre-service education program* at Covenant Canadian Reformed Teachers College?
6. Check one of the following statements:
- I strongly recommend this applicant
  - I recommend this applicant
  - I recommend this applicant with reservation
  - I do not recommend this applicant
7. Please indicate in the space provided below any additional comments that you believe will be useful in helping us assess this applicant's suitability for *teaching* as fairly and accurately as possible.

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
[Please Print]

Signature: \_\_\_\_\_

When completed, please return directly to the CCRTC by mail or by email.

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