



TRANSITIONS  
*the evolution of you*

# Reference Form

[www.transitionsusa.org](http://www.transitionsusa.org)

## **Reference Form**

### **APPLICANT INFORMATION**

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Applicant's Email: \_\_\_\_\_

Applying for Admission to Transitions

### **EVALUATOR INFORMATION**

*An application for admission for Transitions requires evaluations from two people capable of judging the career and academic promise of the applicant. Please submit this form as soon as possible.*

Evaluator's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

School or Company: \_\_\_\_\_

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

In what capacity do you know the applicant?

How long have you known the applicant?

How does this applicant compare with his or her peer group in ability?

## **PERSONAL EVALUATION OF THE APPLICANT**

What particularly qualifies this student for study at Transitions? Information about accomplishments will be particularly helpful. If you have any reason to believe that the applicant should not be considered, please explain.

**EVALUATORS:** *Please feel free to add information about your own educational and professional background if you feel that such information will enhance our understanding of your evaluation.*

**PERSONAL CHARACTERISTICS**

I am comparing this student to peers of similar age that are also:

¡ On the autism spectrum/learning disabled/special education    ¡ Mainstream/Neurotypical students

¡ Other (please specify): \_\_\_\_\_

	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>No Basis for Judgment</b>
<b>Adaptability</b>					
<b>Concern for others</b>					
<b>Emotional maturity</b>					
<b>Leadership potential</b>					
<b>Personal initiative</b>					
<b>Respect accorded to faculty</b>					
<b>Respect accorded to peers</b>					
<b>Self-confidence</b>					
<b>Sense of humor</b>					
<b>Creativity</b>					
<b>Regulates gaming/computer use</b>					

**ACKNOWLEDGEMENT** *(Please read carefully)*

**I AFFIRM THE ACCURACY OF ALL STATEMENTS ON THIS FORM.** (Sign Below)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Please send all application requirements to the address or fax below:**



TRANSITIONS  
2736 State Highway 30  
Gloversville, NY 12078  
Phone: (518) 775-5384  
Fax: (518) 725-4519  
Email: [admissions@transitionsusa.org](mailto:admissions@transitionsusa.org)

If you have questions or require assistance, please contact 518-775-5384, 9am-4pm EST.