**Oregon TECH**

## Recommendation for Admission

### PART A: TO BE COMPLETED BY THE APPLICANT

Applicant's Name: _____

<div align="center">Last           First           Middle Initial</div>

In accordance with the Family Educational Rights and Privacy Act of 1974, you may waive your right to inspect this recommendation by signing the statement below. Should you decide not to waive the right, you will have access to this recommendation only if you enroll in the MS ABA program at Oregon Institute of Technology.

I choose to waive my right of access      _____

                                                 *Signature of Applicant*          *Date*

I choose **not** to waive my right of access      _____

                                                 *Signature of Applicant*          *Date*

### PART B: INSTRUCTIONS FOR THE PERSON PROVIDING THE RECOMMENDATION/APPLICANT EVALUATION

Name: _____ Position/title _____

Institution/Business: _____

May we call or email you for additional information? _____ Yes _____ No

Phone (____) _____ Email: _____

The person named above has applied for admission to the Oregon Institute of Technology graduate program in Applied Behavior Analysis. We would appreciate your candid evaluation of the applicant's ability to undertake advanced studies as well as your assessment of the person's scholarship, character, integrity and professional promise. Please complete the following **rating form** and provide your **letter of recommendation** in the space provided on the next page.

**Please return this form *and your letter of recommendation* to:**
Office of Admissions
Oregon Institute of Technology
3201 Campus Drive
Klamath Falls, OR 97601-8801
**Or email to: oit@oit.edu**

*Hands-on education for real-world achievement.*

# Oregon TECH

Please rate the applicant on each of the following qualities/characteristicts. Please check only one box in each row of qualities in the grid below.

Please indicate the reference group you are comparing this applicant to as you rate the applicant in the areas indicated below:

___ Undergraduates who have gone on to graduate study
___ Current Undergraduate Seniors
___ Graduate Students
___ Other (please specify) _____

| QUALITY OR CHARACTERISTIC: | EXCELLENT | VERY GOOD | AVERAGE | NEEDS DEVELOPMENT | UNKNOWN |
|---|---|---|---|---|---|
| Academic Performance | | | | | |
| Intellectual Ability | | | | | |
| Critical Thinking | | | | | |
| Research Aptitude | | | | | |
| Clinical Aptitude | | | | | |
| Flexibility | | | | | |
| Oral Expression | | | | | |
| Written Expression | | | | | |
| Ethical Conduct | | | | | |
| Professionalism | | | | | |
| Interpersonal Skills | | | | | |
| Response to Feedback | | | | | |
| Emotional Maturity | | | | | |
| Motivation for Graduate Work | | | | | |
| Promise as BCBA/Licensed BA | | | | | |

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# Letter of Recommendation

Please provide your candid evaluation of the applicant's ability to undertake advanced studies as well as your assessment of the person's scholarship, character and professional promise. Use the space below; attach additional pages if necessary.

Address the following:
    1) how long and in what capacity you know this applicant,
    2) the applicant's areas of strength
    3) the applicant's areas of weakness
    4) an overall assessment of the applicant's potential to become a Board Certified Behavior Analyst (BCBA)
    5) other relevant information

Based on my knowledge of the applicant's ability and character, I make the following recommendation:

\_\_\_\_\_ Do not recommend      \_\_\_\_\_ Recommend      \_\_\_\_\_ Recommend Highly

Recommender's Signature    _____ Date _____