

College Internship Program / College Support Program

REFERENCE FORM

APPLICANT INFORMATION

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

APPLICANT'S EMAIL: _____

APPLYING FOR ADMISSION TO:

Berkshire, MA Brevard, FL Bloomington, IN Berkeley, CA Long Beach, CA Buffalo, NY

EVALUATOR INFORMATION

An application for admission to CIP or CSP 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 CIP? 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):

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

ACKNOWLEDGEMENT *(Please read carefully)*

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

SIGNATURE _____ DATE _____

Completed forms can be sent to: admissions@cipworldwide.org or mailed to:
National Admissions, C/O College Internship Program, 18 Park St, Lee, MA 01238