Applied Behavior Analysis

**Master of Science**

**Recommendation for Admission**

PART A: TO BE COMPLETED BY THE APPLICANT

Applicant’s Name:

*Last First Middle Initial*

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

*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 attach a letter of recommendation to this form addressing AT MINIMUM 1) how long and in what capacity you know this applicant, 2) the applicant’s areas of strength and 3) weakness and 4) an overall assessment of the applicant’s potential to become a Board Certified Behavior Analyst (BCBA).*

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 |  |  |  |  |  |

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position/title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution/Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_