



**Please Return When Complete:**  
Office of Admissions  
105 E. Main Street – Leesburg, FL 34748  
admissions@beaconcollege.edu  
Phone: 855-220-5376 Fax: 352-787-0796

## Student Reference Form

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*Applicant's Name*

### Instructions:

The above-named student has applied to Beacon College, the first accredited college offering four-year degrees designed around the needs of the students who learn differently. We ask you to candidly share your thoughts about this student's specific challenges, motivation, academic performance, honesty, ability to set realistic goals, interpersonal skills, and any other observations relevant to his/her performance in a college-setting. Because of the specialized nature of our program, any information that would help us to respond successfully to the student's learning needs is especially helpful. On a separate sheet, please feel free to include additional comments you think might assist us in evaluating this student's application.

How long have you known the above applicant?      Years \_\_\_\_\_      Months \_\_\_\_\_

In what capacity?       Teacher       Professor       Tutor       Guidance Counselor       Employer  
 Other \_\_\_\_\_

What would you consider to be the applicant's area(s) of strength: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you consider to be the applicant's area(s) of weakness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In your opinion, is the applicant suited for college-level work and residential environment? If so, what supports do you think the applicant would need in order to be successful? If not, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please rate the applicant's ability in the following areas:**

Adapts to change:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Advocates for self:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Forms peer relationships:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Manages anger:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Manages time:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Respects authority:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Exhibits independence:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

**Please rate the applicant's ability in the following areas:**

Motivation:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Initiative:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Creative qualities:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Self-discipline:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Responsibility:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
College readiness:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Intellectual curiosity:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Leadership:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

**How would you rate the personal traits of this candidate?**

Integrity:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Civic mindedness:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Perseverance:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Work ethic:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

**How can we contact you for further follow-up?**

\_\_\_\_\_  
*Today's Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*School or Institution*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Preferred Phone*

\_\_\_\_\_  
*Email address*

\_\_\_\_\_  
*Alternate Phone*

\_\_\_\_\_  
*Best Time/Day to Contact*