PROFESSIONAL REFERENCE

Please express your frank opinion of _____'s qualifications. A letter may be substituted for the "statement" portion of the form below. Please attach the letter to this form and sign and date as requested.

PLEASE TYPE – THIS FORM WILL BE PHOTOCOPIED IF NECESSARY.

	Excellent	Above Average	Average	Below Average	Not Observed		Excellent	Above Average	Average	Below Average	Not Observed
Intellectual Ability	☐	☐	☐	☐	☐	*Ability to work with others*	☐	☐	☐	☐	☐
Oral Communication Skills	☐	☐	☐	☐	☐	*Management/Organizational Skills*	☐	☐	☐	☐	☐
Written Communication Skills	☐	☐	☐	☐	☐	*Imagination/Creativity*	☐	☐	☐	☐	☐

STATEMENT:

Reference Writer's Signature | *Reference Writer's Name (Please Type/Print)* | *Title* | *Date*

Organization | *Address* | *Phone*

Return this form (and letter, if applicable) to: ☐ Student/Alumni ☐ The Career Center 700 College Drive, Decorah, IA 52101 563-387-1025 ☐ Address Provided