



## STANDARDIZED REFERENCE FORM

Application period: August 1 through December 31

Email completed form to: [lmoore@bhs1.org](mailto:lmoore@bhs1.org)

### To be completed by the student:

Name: \_\_\_\_\_ College/University: \_\_\_\_\_  
(Last) (First) (Middle)

I have requested: \_\_\_\_\_ to write this recommendation, which will be forwarded to the  
(Name of Reference)

School of Medical Laboratory Science Admissions Committee.

This reference is to be: **(Student must check one)**

\_\_\_\_ Non-Confidential: I reserve the right to review this form at a later date.

\_\_\_\_ Confidential: I waive my right under the Family Educational Rights & Privacy Act of 1974 as amended, to inspect and review this form. Additionally, I certify that this waiver has been given voluntarily by me.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Student)

---

### To be completed by the reference:

1. How long have you known applicant? \_\_\_\_\_ (# of years) \_\_\_\_\_ (# of months)
2. In what capacity? \_\_\_\_\_
3. Rate your assessment of the applicant's performance/ability to meet requirements using the scale below for each of the character traits listed.

**Exceptional:** Consistently outstanding performance

**Above Average:** Frequently surpasses requirements

**Average:** Satisfactory/meets requirements

**Below Average:** Improvement needed but progress is being made

**Unsatisfactory:** Improvement doubtful

(continued)



	Exceptional	Above Average	Average	Below Average	Unsatisfactory	Not Applicable
<b>ACADEMIC SKILLS</b>						
Competence in Classroom						
Competence in Laboratory						
Writing Ability						
Verbal Ability						
Professional Commitment						
<b>INTERPERSONAL SKILLS</b>						
Motivation and Self-Direction						
Overall Emotional Maturity						
General Reaction to Criticism						
Self-Confidence						
Ability to Work with Others						
Organizational Ability						
Attendance						

I feel that this applicant's grades reflect the level of ability. Check the appropriate response.

**Do**

**Do Not**

**N/A** (not applicable)

Please comment on any notable skills, abilities or experience that this applicant may have as well as the applicant's major strengths and weaknesses you may have observed.

**Comments in this section are necessary to validate this reference.**

4. In summary, I would give this applicant a recommendation of (check one):

**Exceptional**

**Above Average**

**Average**

**With Reservation**

Other Comments:

---



---



---



---

(continued)

**Reference Signature Page:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Title/Position: \_\_\_\_\_

Institution: \_\_\_\_\_

Please email or mail reference to: [Imoore@bhs1.org](mailto:Imoore@bhs1.org)

School of Medical Laboratory Science Berkshire Medical  
Center 725 North St. - Pittsfield, MA 01201

(Reference 2025)

