Berkshire Medical Center

725 North Street
Pittsfield, MA 01201
(413) 447-2000

STANDARDIZED REFERENCE FORM

Application period: August 1 through December 15

Email completed form to: 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.

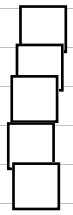
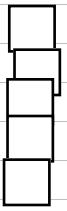
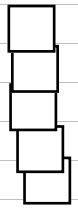
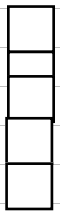
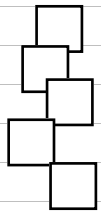
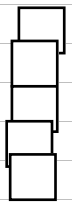
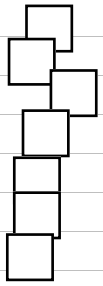
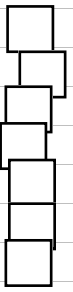
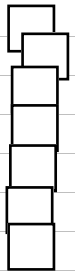
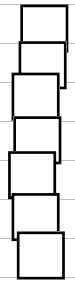
Date: _____ Signature: _____
(Student)

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
ACADEMIC SKILLS						
Competence in Classroom						
Competence in Laboratory						
Writing Ability						
Verbal Ability						
Professional Commitment						
INTERPERSONAL SKILLS						
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 about the applicant are mandatory. You may send an attachment for your narrative in lieu of filling out the comment section below. Please write "See attached". If no narrative is received, the reference will be considered invalid.

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 to: lmoore@bhs1.org
Or mail to:
School of Medical Laboratory Science Berkshire Medical Center
725 North St. - Pittsfield, MA 01201

(Reference 2025)