



# REFERENCE FORM

PLEASE RETURN TO APPLICANT  
BY EMAIL OR REGULAR MAIL

APPLICANT'S NAME

ADDRESS  PHONE

*The above has applied for Associate Membership in the Association of Educational Therapists. Please fill out this form and add any comments you feel would be helpful in evaluating this applicant. Please use reverse side if additional space is required. Your time is greatly appreciated.*

	WEAK	ADEQUATE	ABOVE AVERAGE	OUTSTANDING	NOT APPLICABLE
<b>ABILITY TO COMMUNICATE WITH:</b>					
a. CLIENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. PROFESSIONALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. CLIENT'S FAMILY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ABILITY TO EVALUATE LEARNING PROBLEMS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ABILITY TO DESIGN AND IMPLEMENT AN APPROPRIATE PROGRAM OF REMEDIATION FOR LEARNING PROBLEMS</b>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DEGREE OF PROFESSIONAL COMPETENCY IN:</b>					
a. CHILD DEVELOPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. PSYCHOLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. EDUCATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. METHODOLOGY IN SPECIAL EDUCATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (Any strengths/weaknesses you feel are important to share.)

HOW LONG AND IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?

Name  Professional Title

Place of Employment and Address

Phone  Email

I am submitting this reference letter electronically and indicate by this check that I am the person named above as verifying this document.

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

AET Membership Dept \* 7044 S 13<sup>th</sup> Street \* Oak Creek WI 53154 \* AET\_membership@aetonline.org  
AET Membership Director \* aetmembership37@gmail.com