



BRITISH COLUMBIA ASSOCIATION OF SCHOOL PSYCHOLOGISTS

FORM 3 (Page 1): **Professional Reference Form**

To the Applicant:

Appropriate “Referees” are direct supervisors, instructors in school psychology courses, professional colleagues, and colleagues in allied professions (e.g., principals, speech and language pathologists, MCFD workers, mental health workers, and community health nurses, as examples) with whom you have had a professional relationship.

Please complete your Name on the line below before giving this form to your Referee to complete and submit directly to BCASP. Along with each form you should provide a stamped envelope that has been addressed to the BCASP Membership Secretary.

Name of Applicant: _____

To the Referee:

You have been selected by the indicated applicant to provide a reference for membership in the British Columbia Association of School Psychologists (BCASP).

We define School Psychologist as:

A School Psychologist provides or is qualified to provide psychological services and consultation for students, parents, and teachers in order to address learning, behavioural and emotional concerns. The School Psychologist has training in Psychoeducational Assessments and provides these when necessary in the course of employment.

Please complete the following informational items and submit this completed form to the BCASP Membership Secretary at the address indicated. **Your completed Reference will be treated confidentially.**

Name: _____

Job Title: _____ Years in your present position: _____

Address: _____

How long have you known the applicant? _____

FORM 3 (Page 2): **Professional Reference Form**

What is the nature of your professional relationship with the applicant and in what capacities have you worked together?

After reviewing the definition from Page 1, is your position that the applicant would be suitable to work as a School Psychologist?

_____ Yes _____ No

Additional Comments:

_____ Date

_____ Signature

Thank you very much for your time in supporting this candidate's application. Please send this FORM 3 (Page 1 and Page 2) directly to BCASP using the envelope you have been provided.

This form should be sent directly to:

**Michael Scales
BCASP Membership Secretary
1642 East 4th Avenue
Vancouver, BC V5N 1J8**