

**Statement of Support Form**  
Early Childhood Specializations  
Human Development & Family Sciences  
University of Connecticut

To Be Completed by Applicant

**Name of Applicant:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

*\*Waiver: In accordance with Public Law 93-380,*

- I waive my right to see this personal reference
- I do not waive my right to see this personal reference

To Be Completed by Reference Individual

*The above named person is applying for admission to Early Childhood Specializations within the Department of Human Development & Family Sciences as part of their undergraduate studies at UCONN. Please share your candid evaluation of this applicant's qualities for pursuing a career working with young children and families. Leave blank if you do not know or don't have experience with an attribute.*

**Name of reference:** \_\_\_\_\_

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

**Organization Name/Contact Address:** \_\_\_\_\_

Positive & engaging disposition	-----	Negative & disengaged disposition
Time & tasks well organized	-----	Often late or unorganized
Demonstrates initiative	-----	Lacks initiative
Works cooperatively with others	-----	Uncooperative
Responsive to constructive criticism	-----	Avoids/unresponsive to constructive criticism
Able to articulate thoughts/ideas	-----	Inarticulate & difficult to follow
Strong writing skills	-----	Weak writing skills
Mature	-----	Immature

**How long have you know this applicant? In what capacity?** \_\_\_\_\_

**Reference signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return by mail or email: Mary Tabb Foley  
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