



200 S. Washington Blvd. Suite 1, Sarasota Fl. 34236 941-366-9595 institute@expressiveartsflorida.com

### Guidelines for Letter of Reference

Name of Reference: \_\_\_\_\_ Date \_\_\_\_\_  
Address, City, State: \_\_\_\_\_  
Phone: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email address: \_\_\_\_\_

***Please include a brief statement of your background with this letter.***

Name of Applicant: \_\_\_\_\_  
(Applicant has applied for acceptance into the Expressive Arts Florida Institute, Intermodal Expressive Arts Certificate Program.)

*We thank you for participating in our application process by providing a letter of reference. We would like your comments on the above named applicant regarding the areas outlined below. Please use these questions as a guideline.*

- \*Please state whether you have supervised, facilitated with, or observed the applicant's work.
- \* How long have you known the applicant and in what capacity?
- \* How would you assess the applicant's competencies in the arts and /or creativity, individual and group facilitation, consultation, and/or education, or other related area?
- \* How would you assess the applicant's understanding of human development, as well as their understanding of group or interactive process/work?
- \*How would you assess the applicant's personal development and growth/maturity?
- \* How would you assess the applicant's dedication to their related field of work and/or educational studies?
- \* Please provide any relevant information about this applicant in relation to their ability to fully engage in, be responsible for, and fulfill a chosen path.
- \*Is there anything else that you would like to tell us that would be beneficial to this individuals application?

***Please include a copy of this form with your letter.***

Your letter should be mailed to:  
Expressive Arts Florida Institute  
200 S. Washington Blvd., Suite 1  
Sarasota, FL, U.S.A. 34236