REPORT TO BE COMPLETED BY REFEREE CONFIDENTIAL

Interaction Design Institute Ivrea PLEASE RETURN TO:

Interaction Design Institute Ivrea Via Montenavale 1 10015 Ivrea (To), Italia Tel +39 0125 422 11 Fax +39 0125 422 101 NOTE TO CANDIDATE. PLEASE SEND THIS FORM TO ONE OF YOUR REFEREES. THEY NEED TO SEND THE COMPLETED FORM DIRECTLY TO THE INSTITUTE.

www.interaction-ivrea.it

REFEREE NAME:						
HOW LONG HAVE YOU KNOWN THE APPLICANT?		IN WHAT CAPACITY (E.G. PROFESSOR, EMPLOYER, ETC.)?				
PLEASE RATE THE APPLICANT IN RELATION TO	O HIS/HFR	PFFRGROU	P IN THE FO	I I OWING	CATEGORIE	S
This form is a simple means for us to create common refe	rence points f		1 11 1111110	LLOWING	<u>Or IT EGOTULE</u>	<u>. </u>
applicants, and should not be considered as reducing the aqualifications.						
	quite standing	A.V.	aod			
	quite state	Excellent	Very Good	Cood	Fair	Weak
Creativity:						
Analytical thinking:						
Ability to work with others:						
Problem solving abilities:						
Ability to synthesise from many inputs:						
Ability to craft beautiful form:						
Hard working:						
Ability to focus, get to the heart of the important issues:						
Percentage distribution of these qualities in normal student body.	A handful in a decade	15%	20%	30%	20%	15%
PLEASE MENTION ANY OTHER SPECIAL STRENGTHS OR WEAKNESSE:	S OF THE CANDID	ATE.				



REPORT CONTINUED CONFIDENTIAL

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www.interaction-ivrea.it CAN YOU TELL US ABOUT ONE OR TWO PARTICULAR PIECES OF WORK THE APPLICANT HAS DONE. ANY OTHER ACHIEVEMENTS OR POINTS YOU THINK WE SHOULD KNOW ABOUT. SIGNATURE ADDRESS NAME (PLEASE PRINT) POSITION/ORGANISATION DATE