

Community Reference

The following individual has applied to obtain a seat in the Surrey School District Partnership Program. Please return this form in a **SEALED ENVELOPE** to the applicant. Thank you.

PART 1: Applicant Information

Applicant Name:	
Partnership Program Applied for:	

PART 2: Reference Contact Information

Name:	Job Title:
Email:	
Contact Phone Number:	

PART 3: Referee to complete the confidential reference below.

How long and in what capacity have you known the applicant?

How well do you know the applicant: Slightly Well Very well

Would you recommend this applicant for a seat in the Surrey School District Partnership Program position he/she applied for? Yes No Please explain why you would or would not recommend this applicant:

PART 4: Please complete the rating section below.

	Excellent	Very Good	Satisfactory	Marginal	N/A	Comments
Quality of Work						
Ability to Take Directions						
Organizational Skills						
Willingness to Learn New Skills						
Punctuality / Attendance						
Reliability / Commitment						
Leadership Qualities						
Honesty						
Trustworthiness						
Dependability						
Additional Comments:						
Referee's Signature	Date completed:					

Thank you for completing this CONFIDENTIAL reference.
Your input will help place students into a School District #36 (Surrey) Partnership Program.
If you require more space than the comments section allows, please attach a letter to this page.
If necessary, you may be contacted for additional information.