



# AMERICAN WORK ADVENTURES

## REFERENCE FORM

Participant first name _____  Participant last name _____	<b>Participant No.</b>	
	<b>Country:</b>	
	<b>Representative:</b>	
	<b>Date received:</b>	

### REFERENCE INFORMATION (to be completed by Reference, i.e. teacher, coach, tutor, employer, supervisor, co-worker etc.)

Reference first and last name					
How long have you known the Participant?		Relationship to Participant			
Please check in the box that best describes the Participant's abilities in the following areas:					
Maturity	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> I don't know
Flexibility	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> I don't know
Communication skills	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> I don't know
Reliability	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> I don't know
Responsibility	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> I don't know
Ability to work with others; teamwork	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> I don't know
Attitude	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> I don't know
Ability to solve problems	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> I don't know
Initiative	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> I don't know
Truthfulness	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> I don't know
Please list three qualities or strengths of the Participant.					
Please list any weaknesses of the Participant you are aware of.					

**Reference Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Thank you for assisting to evaluate the qualifications of this Participant. Please put any additional comments on the back side of this form.