

# Reference Form 2 – District Awards

Student Name: \_\_\_\_\_ Area of Achievement: \_\_\_\_\_

	Excellent	Very Good	Good	Fair	Poor
Initiative/ Motivation					
Collaboration/ Leadership					
Creativity					
Critical Thinking					
Communication Skills					
How long and in what capacity do you know the applicant?					
Please comment on the applicants unique strengths as they pertain to the chosen Area of Achievement					
Other comments					
Reference name and signature					
Please submit this reference form directly to Kayla Kinloch or in a sealed envelope to the student. In order for references to be comfortable and honest, students are not privy to the above information and will not see this form.					