

SCHOOL REFERENCE FORM

This form should be completed by the Applicant's current classroom teacher.

*The completed form is to be sent directly by the school to the address below and received by **Friday 24 May 2019.***

The Principal
Leeming Senior High School
Aulberry Parade
LEEMING, WA
6149

CONFIDENTIAL SCHOOL REFERENCE

Student Details

Name: _____

Address: _____

Current Year of Schooling: _____

Referee Details

Name: _____

Position: _____

School: _____

Thank you for completing this reference. It would be appreciated if you could comment on the suitability of the applicant for a position in our Extension Programs using the headings provided below.

Personal and Social Development

Please comment on personal and interpersonal skills and abilities relative to other Year 6 students. (Place a ✓ in a box)

Attributes	Outstanding	Very Good	Average	Below Average
Speed and depth of learning				
Critical thinking skills				
Personal organisation				
Ability to work independently				
Ability to work productively in a group				
Commitment to school				
Commitment to reach own potential				

Other Comments

Please tick ✓ you level of endorsement for the applicant's inclusion in the Program.

Highly Recommended	<input type="checkbox"/>
Recommended	<input type="checkbox"/>
Not Recommended	<input type="checkbox"/>

Signature of Referee: _____ **Date:** ___/___/___