

Name of Student: _____

Please complete this page for each of the students for which you are acting as reference.

CHARACTER

Please check the answer(s) that best describes the applicant.

Concern for others:	<input type="checkbox"/> Self-centered	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Considerate	<input type="checkbox"/> Unselfish
Influence for good:	<input type="checkbox"/> Negative influence	<input type="checkbox"/> Little influence	<input type="checkbox"/> Positive influence	<input type="checkbox"/> Inspires others
Acceptance by peers:	<input type="checkbox"/> Not accepted	<input type="checkbox"/> Tolerated	<input type="checkbox"/> Accepted	<input type="checkbox"/> Well-liked
Choice of friends:	<input type="checkbox"/> Questionable	<input type="checkbox"/> Careless somewhat discerning	<input type="checkbox"/> Discerning in friendships	
Respect for authority:	<input type="checkbox"/> Disrespectful	<input type="checkbox"/> Critical	<input type="checkbox"/> Generally respectful	<input type="checkbox"/> Honours those in authority
Responsibility:	<input type="checkbox"/> Unreliable	<input type="checkbox"/> Somewhat dependable	<input type="checkbox"/> Very dependable	<input type="checkbox"/> Absolutely responsible
Emotional stability:	<input type="checkbox"/> Unstable	<input type="checkbox"/> Sometimes stable	<input type="checkbox"/> Usually well-adjusted	<input type="checkbox"/> Consistently well-adjusted

PLEASE RESPOND TO THE FOLLOWING

For students entering grades 7-12 only

To your knowledge, does the applicant participate in any of the following

Alcohol:	<input type="checkbox"/> Habit	<input type="checkbox"/> Some	<input type="checkbox"/> None
Tobacco:	<input type="checkbox"/> Habit	<input type="checkbox"/> Some	<input type="checkbox"/> None
Illegal Drugs:	<input type="checkbox"/> Habit	<input type="checkbox"/> Some	<input type="checkbox"/> None
Sexual Activity:	<input type="checkbox"/> Habit	<input type="checkbox"/> Some	<input type="checkbox"/> None
Pornography:	<input type="checkbox"/> Habit	<input type="checkbox"/> Some	<input type="checkbox"/> None

Any additional comments that may be helpful may be added below or on a separate sheet of paper.

SIGNATURE

Signature of Reference Provider

Date