PERSONAL REFERENCE

from Teacher for Student Applicant into the ICE Program

Student's Name				
First	Middle Initial		Last	
The student named above wishes to participate in the work experience program next year. Please complete the evaluation below. This will assist me and the employers as we make decisions about the placement of students.				
Circle the word after each characteristic listed below that best describes the above-named student and return the completed form to Mr. Anderson at your earliest convenience.				
1. Ability to learn	Quick	Fair	Slow	
2. Capacity for work	Unusual	Industrious	Average	Poor
3. Judgment	Uncanny	Sound	Average	Poor
4. Initiative	Exceptional	High	Fair	None
5. Appearance	Very Neat	Neat	Careless	Slovenly
6. Leadership quality	Outstanding	Noticeable	Low	
7. Desire to make good	Pronounced	High	Average	Low
8. Ability to take orders	Outstanding	High	Average	Low
9. Reliable	Very	Ordinarily	Unreliable	
10. Perseverance	Unlimited	Ample	Moderate Weak	
11. General conduct	Courteous	Discourteous	Rude	
12. Accepts criticism	Readily	Indifferently	Reluctantly	
13. Ability to get along with others	Natural	Fairly good	Doubtful	
14. Would you want this person working for you?		Yes	No	
15. Under what circumstances did you observe this student?		Class? Yes No Name Activity? Yes No Name Other? Specify		
16. Comments:		Other: 1	specify	
Please return this				
form to: Doug Anderson, TeacherCoordinator				
Teacher's Signature Dept				