



Please return to:
Alison Young, Director
at the LPP address below.

CHARACTER REFERENCE FORM

ENROLLING CHILD'S NAME _____

PARENT'S NAME _____ SIGNATURE _____ DATE _____

*I hereby give permission for the information below to be released,
and understand it will be confidential.*

TO WHOM IT MAY CONCERN:

THE PERSON LISTED ABOVE WILL BE COOPERATING CLASSROOM PARENT IN ONE OF OUR CLASSROOMS IN THE UPCOMING SCHOOL YEAR. WE NEED TO HAVE TWO REFERENCES ON FILE FOR EACH COOPERATING PARENT, AND WOULD APPRECIATE YOUR COMPLETING THIS REFERENCE FORM.

1. HOW LONG HAVE YOU KNOWN THIS INDIVIDUAL? _____

2. IN WHAT CAPACITY/RELATIONSHIP? _____
3. IS THIS PERSON, IN YOUR OPINION, OF GOOD CHARACTER? _____
4. ARE YOU AWARE OF ANY STRENGTHS OR WEAKNESSES THAT MAY RELATE TO HIS/HER PERFORMANCE IN THE CLASSROOM? _____

SIGNATURE OF CHARACTER REFERENCE _____ DATE _____

PRINTED NAME OF CHARACTER REFERENCE _____ CONTACT PHONE OR EMAIL ADDRESS _____