



Accredited by North Central Association

880 Parsons Road, Traverse City, MI 49686-3692

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www.tbactc.org

STUDENT NAME: _____

AM

PM

EARLY CHILDHOOD EDUCATION

It is required that each student submit **two** reference/recommendation forms to support the work they will be doing with children at programs in the community through work experience. These must be completed by a teacher, counselor, or employer; people that know you and are familiar with your work skills, attitude, and personal characteristics (**no family or friends**).

	Needs to Improve	Average	Good	Excellent	Have Not Observed
Communication Skills (Verbal-Written)					
Teamwork/Cooperation with Others					
Enthusiasm/Positive Attitude					
Initiative/Self-starter					
Follows Directions (Verbal-Written)					
Confidentiality					
Safety Awareness					
Dependability					
Problem Solving Skills					
Attendance (on job/at school)/Punctuality					
Emotional Stability					
Ability to Stay on Task					
Appearance/Appropriate Dress					
How do you know this student?	Length of Time:				
Is this a person you would recommend to work with children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure					
COMMENTS:					
Name (Please Print)			Date:		
Signature:			Telephone:		
References may be faxed or mailed to Melanie Zinger/ECE Instructor.					