



Accredited by North Central Association

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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: | | | | | |
| Signature: | | Date: | | Telephone: | |
| References may be faxed or mailed to Donna Valdmanis/ECE Instructor. | | | | | |