



SAYL

(Serving as YOUTH Leaders)

Teacher Reference Form

Name of **Youth** Applicant: _____

As part of the process for selecting youth in the **SAYL** Program, the Selection Committee is seeking recommendations and information for each candidate. Please provide your input regarding the following areas and complete the assessment of professional and personal qualities of this applicant.

Rating scale:

5 = far exceeds expectations

4= above expected level

3= at expected level

2= below expected level

1= not satisfied

N/A not able to judge

Ability to lead or inspire others _____

Ability to work with people _____

Accepts difference in others and opinions _____

Accepts guidance _____

Commitment to responsibilities _____

Deals constructively with pressure _____

Demonstrates honesty/integrity _____

Dependability and promptness _____

Flexibility/adaptability _____

Leadership qualities _____

Shows creation and innovation _____

Shows enthusiasm _____

Please provide additional comments in the space below:

What qualities such as leadership, organization or dedication could this applicant bring to the County?

Print Name: _____

Title: _____

Signature: _____

Phone#: (____) ____ - _____

Date: _____

This form is to be returned to the candidate by _____ in a **sealed envelope** for submission along with their application.