



REFERENCE FORM

MENNONITE COLLEGIATE INSTITUTE

ACADEMIC

Please send the completed form directly to the school by mail (Box 250, Gretna, MB, R0G 0V0) or by e-mail (admissions@mciblues.net) within two weeks of receiving this form.

Be assured that this information will be kept in strict confidence.

NAME OF STUDENT APPLICANT	APPLYING FOR GRADE
NAME OF REFEREE	
PHONE NUMBER	EMAIL
How long and in what capacity have you known the applicant?	

Please rate the applicant in the following categories. Indicate with a check, on the most appropriate place on the continuum:

	Immature/ Emerging		Age Appropriate			Mature/ Independent	
Writing skills	*	*	*	*	*	*	*
Communication skills	*	*	*	*	*	*	*
Problem solving skills	*	*	*	*	*	*	*
Ability to work independently	*	*	*	*	*	*	*
In class behavior	*	*	*	*	*	*	*
Emotional Intelligence	*	*	*	*	*	*	*
Leadership skills	*	*	*	*	*	*	*
Respect for others	*	*	*	*	*	*	*
Honesty & Integrity	*	*	*	*	*	*	*
Punctuality	*	*	*	*	*	*	*
Participation in school activities	*	*	*	*	*	*	*
Relationship with peers	*	*	*	*	*	*	*
Relationship with family	*	*	*	*	*	*	*

Is there a need for learning or social support that we should be aware of? Does this child have an IEP/BIP?
Please specify.

Has the student had emotional or disciplinary struggles in the past? Please specify.

Please describe the applicant's relationship to parents, family, friends, community etc.

Please note the applicant's strengths.

Please note the applicant's challenges.

Additional comments:

Thank you for your assistance.

Signature of Referee

Date