

PASSAGE USA Reference Form

Please give the attached documents to the teacher you designated as your reference on the application. Your reference should be someone who has personally taught you and who knows you well. Please attach your completed reference form to the application packet to submit to PASSAGE USA.

Student Name: _____

PASSAGE USA Reference Form

Reference for _____

(Please use full legal name)

Reference Information:

Name: _____

Last

First

Middle

Address: _____

e-mail: _____

Phone number: _____

Best time to call is: Weekday mornings (after 9am) Weekday afternoons (after

12pm)

Weekday evenings (after 4pm) Other (please write best time for you)

Job title _____

How long have you known the applicant? _____

Applicant Skills and Abilities:

Please rate the applicant's level of independence in the following areas with the following scale: 3—student is independent, 2—student requires some/moderate support, 1—student requires complete support, NA—not applicable to student/have not observed.

Level of Support	3 Student is independent	2 Student needs some support	1 Student needs complete support	Not applicable to student
Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Preparation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hygiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toileting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organizational Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Navigate Familiar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time Management Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building/ Maintaining Peer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult-Student Relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates Self-Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Skills (Greets, shakes hands, says	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functional Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functional Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functional Math	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Student Name: _____

Is there anything else about the student that you would like to share or think that PASSAGE USA should know?

Teacher Signature: _____ Date: _____

Printed Name: _____

Thank you for your time in completing this form!
Please mail it to:
PASSAGE USA
307 University Blvd. N.
Department of Leadership and Teacher Education
UCOM 3100
Mobile, AL 36688