



H2B PROGRAM

PERSONAL REFERENCE FORM

Participant first name _____ Participant last name _____	Participant No.	
	Country:	
	Representative:	
	Date received:	

REFERENCE INFORMATION <small>(to be completed by Reference, i.e. teacher, coach, tutor, employer, supervisor, co-worker etc.)</small>					
Reference first and last name					
How long have you known the Participant?		Relationship to Participant			
Please check in the box that best describes the Participant's abilities in the following areas:					
Maturity	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> I don't know
Flexibility	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> I don't know
Communication skills	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> I don't know
Reliability	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> I don't know
Responsibility	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> I don't know
Self confidence	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> I don't know
Attitude	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> I don't know
Ability to solve problems	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> I don't know
Social skills	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> I don't know
Truthfulness	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> I don't know
Please list three qualities or strengths of the Participant.					
Please list any weaknesses of the Participant you are aware of.					
Do you recommend the Participant to participate in a seasonal work program in the United States?					
<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> I don't know					

Reference Signature: _____ **Date:** _____

Thank you for assisting to evaluate the qualifications of this Participant. Please put any additional comments on the back side of this form.