



# 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:

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

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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.