

**UNIVERSITY OF NORTH CAROLINA AT GREENSBORO**  
**INTERPRETER PREPARATION PROGRAM - Project CONNECT**

Preparing Highly Qualified Educational Interpreters – Federal Award # CDFA 84.325K

**Project CONNECT Reference Form**

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

**INFORMATION ABOUT PERSON GIVING RECOMMENDATION – TO BE COMPLETED BY PERSON GIVING THE RECOMMENDATION**

Name			Phone	( )
Job Title or Relationship to Student				
Description of applicant's job duties or activities:				
How long have you known this applicant?	Dates of employment/volunteer work:		Month _____ Year _____ to	
			Month _____ Year _____	

**RATINGS – CHECK ONE BOX FOR EACH CATEGORY**

	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
<b>Ability to Work as a Team Member</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Ability to Work With Children</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Attendance / Punctuality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Attitude / Dispositions</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Communication/Listening Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Dependability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Maturity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					

**IF THE APPLICANT HAS WORKED WITH DEAF OR HARD OF HEARING INDIVIDUALS, PLEASE COMPLETE BELOW.**

<b>Knowledge About Deaf Culture / Interpreting</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Signing Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					

**Do you know of any reason why this person would not be successful as an educational interpreter? If so, please describe.**

**Please put this form in the stamped addressed envelope provided by the applicant and sign your name across the sealed envelope flap.**

**Thank you.**