

**Reference 1 (2 are required)**

Please Return to:

Carla Smith  
Community Partners  
113 Crosby Rd  
Dover, NH 03820

**Name of Applicant:**

\_\_\_\_\_

*Last* *First* *M.I*

Program of study: Project SEARCH Seacoast NH

To the Referee:

The above named applicant is a candidate for admission to Project SEARCH at Portsmouth Regional Hospital. We would appreciate your candid evaluation of the applicant's past performance and potential for success in this program.

**HOW LONG HAVE YOU KNOWN THE APPLICANT:** \_\_\_\_\_

**WHICH OF THE FOLLOWING BEST DESCRIBES YOUR RELATIONSHIP WITH THE APPLICANT:**

Employer/Employee

Professional/Client

Other - Please Describe:

\_\_\_\_\_

**How would describe this persons motivation to gain competitive employment? Do you perceive any potential barriers, and if so, describe?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Circle the appropriate ranking with 1 being Unsatisfactory and 5 being Excellent.



**QUALITIES:**

WORKS WELL ON A TEAM	1	2	3	4	5
HAS A GOOD MEMORY	1	2	3	4	5
EXHIBITS A POSITIVE ATTITUDE	1	2	3	4	5
STRESS TOLERANCE	1	2	3	4	5
IS SELF-MOTIVATED	1	2	3	4	5
ACCEPTS CONSTRUCTIVE FEEDBACK	1	2	3	4	5
MAINTAINS FOCUS	1	2	3	4	5
IS DEPENDABLE	1	2	3	4	5
FOLLOWS DIRECTIONS	1	2	3	4	5
RESPECTFUL	1	2	3	4	5
INDEPENDENT IN COMMUNITY/WORK SETTING	1	2	3	4	5

**SKILLS:**

DEMONSTRATES PROBLEM SOLVING SKILLS	1	2	3	4	5
DEMONSTRATES MATURITY	1	2	3	4	5
EXERCISES GOOD JUDGEMENT	1	2	3	4	5
UNDERSTANDS WRITTEN INSTRUCTIONS	1	2	3	4	5
UNDERSTANDS ORAL INSTRUCTIONS	1	2	3	4	5
COMMUNICATES APPROPRIATELY	1	2	3	4	5
IS ACTIVELY INVOLVED IN THE LEARNING/ WORKING PROCESS:	1	2	3	4	5

Name - Please Print \_\_\_\_\_ Phone \_\_\_\_\_

Organization and Position \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IF AN EMPLOYER OR WORK-BASED LEARNING SUPERVISOR, PLEASE COMPLETE THIS INFORMATION:**



Term of applicant's employment: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Place of employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Would you re-employ? \_\_\_\_\_ If not, why? \_\_\_\_\_

\_\_\_\_\_

***Reference 2 (2 are required)***

*Please Return to:*

*Carla Smith  
Community Partners  
113 Crosby Rd  
Dover, NH 03820*

**Name of Applicant:**



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*Last*

*First*

*M.I*

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