



**CHARACTER REFERENCE FORM**  
**ONE FORM COMPLETED PER STUDENT**

Name of student applying: \_\_\_\_\_

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Church/Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

**TO BE COMPLETED BY PASTOR, YOUTH LEADER, CHILDREN’S MINISTER, SABBATH SCHOOL LEADER/TEACHER OR A CHRISTIAN ADULT ACTIVELY INVOLVED IN THE CHILD’S LIFE.**

The above student has applied for acceptance at our school. It is our desire to develop a supportive relationship between home, school, and church. **Please assist us by completing this form and returning it directly to the school by email: [office@coralwood.org](mailto:office@coralwood.org).** New families are not interviewed until this form is received. CAA will keep the contents of this questionnaire confidential. Thank you for taking the time to fill this form out. Your input is very valuable.

- How long have you known the student? \_\_\_\_\_. What is your relationship with this student? \_\_\_\_\_
- How often are you in contact with the student?  weekly.  monthly.  occasionally.  seldom.
- Please place a check in one box in each category:

Participation	Self-Control	Integrity	Friendships
<input type="checkbox"/> High level of participation in activities	<input type="checkbox"/> Maintains a high level of self-control during activities	<input type="checkbox"/> Consistently responsible and honest - owns own behaviour and actions	<input type="checkbox"/> Gets along extremely well with other peers
<input type="checkbox"/> Consistently active participator in activities	<input type="checkbox"/> Overall a good level of self-control during activities	<input type="checkbox"/> Generally responsible and honest - owns behaviour and actions	<input type="checkbox"/> Liked by others and overall gets along well with peers
<input type="checkbox"/> Inconsistent participator	<input type="checkbox"/> Blurts out/yells; uses inappropriate language	<input type="checkbox"/> Concern over honesty - will not own behaviour or actions	<input type="checkbox"/> Avoided by peers
<input type="checkbox"/> Will not participate in activities	<input type="checkbox"/> Will wander away from/leave activities		<input type="checkbox"/> Concern(s) observed in peer relationships
<input type="checkbox"/> No opportunity to observe	<input type="checkbox"/> No opportunity to observe	<input type="checkbox"/> No opportunity to observe	<input type="checkbox"/> No opportunity to observe

- Please place a check next to the following statements that represent the student.

<input type="checkbox"/> positive attitude	<input type="checkbox"/> adaptable	<input type="checkbox"/> playful and carefree	<input type="checkbox"/> polite towards others
<input type="checkbox"/> quiet or shy	<input type="checkbox"/> appropriate emotional responses	<input type="checkbox"/> teachable spirit	<input type="checkbox"/> outgoing/socially confident
<input type="checkbox"/> forgives easily	<input type="checkbox"/> thankful and appreciative	<input type="checkbox"/> assertive	<input type="checkbox"/> in control of emotions
<input type="checkbox"/> respectful of authority	<input type="checkbox"/> creative	<input type="checkbox"/> shows aggression towards others	<input type="checkbox"/> obedient towards parents
<input type="checkbox"/> spiritually minded	<input type="checkbox"/> easily trusts others	<input type="checkbox"/>	<input type="checkbox"/>

- In two or three sentences, please describe your experience with this student.

Signature & Date: