

Culver City Sister City Committee

CONFIDENTIAL REFERRAL FORM – DUE WITHIN 5 DAYS OF RECEIPT

This information will not be shared with the student or family.

Student's Name: _____

The above student has applied to travel to _____, as a delegate on a Culver City Sister City Committee Cultural Student Exchange Program.

We are looking for students who would represent our City and Nation in the best possible manner. Please keep this in mind when completing this form. The applying student has identified you as one of their references. Please, no form letters.

1) How long have you known this student and in what capacity? _____

2) How well do you think the student would:

(5 – Very positive)

(1 – Behaves poorly)

Represents a typical American Teen	5	4	3	2	1
Respectful of differences in culture	5	4	3	2	1
Follows directions of adults immediately	5	4	3	2	1
Demonstrates polite behavior	5	4	3	2	1
Positive/confident in unfamiliar situations	5	4	3	2	1
Shares thoughts and opinions with peers	5	4	3	2	1
Displays interest in cultural activities	5	4	3	2	1
Actively participates in group activities	5	4	3	2	1

3) Comments or concerns regarding this student:

Print Name: _____ Signature: _____

Date: _____ Contact phone number _____ Email _____

Please mail to : Culver City Sister City Committee, Inc.
PO Box 1072
Culver City, CA 90232
OR scan and email to info@culvercitysistercity.org