



autism society of minnesota

### CAMP COUNSELOR REFERENCE CHECK

Person Requesting Reference: \_\_\_\_\_

Dear: \_\_\_\_\_

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

The above-mentioned person has applied for a camp counselor position at one of the Autism Society of Minnesota's (AuSM) summer camps. Please answer the following to the best of your knowledge. This information will be kept strictly confidential and will be supplemented by other data for hiring purposes.

**Please return this form to AuSM in the enclosed self-addressed stamped envelope.**

If you prefer to speak directly with the camp office about this applicant, please call 651-647-1083, x16.

Your help is greatly appreciated. Thank you for your cooperation.

How long and in what capacity have you known this applicant? (work, social, etc.)			
How frequently are you in contact with this person?	<input type="checkbox"/> Almost daily	<input type="checkbox"/> Several times a month	<input type="checkbox"/> Less than once a month
Have you seen applicant work with children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If you had a child, would you entrust him/her to this person's care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If you supervised applicant, would you rehire this person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Please rate applicant on the following:	Above Average	Average	Below Average	Don't Know
Ability to work with coworkers				
Ability to relate/interact with children				
Responsibility/Reliability				
Initiative				
Flexibility				
Enthusiasm				
Emotional Maturity				
Patience				
Friendliness				
Cooperation				
Is there anything else you feel might be helpful for us to know in considering applicant for this position?				

Signature: \_\_\_\_\_

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

2380 Wycliff Street, Suite 102 • St. Paul, MN 55114

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