

CHET
REFERENCE FORM
(This form is required only for new students.)

Reference for _____
(Student's Name)

Name of Counselor/Teacher: _____ Phone: _____

Name of Organization: _____

Please circle the number that best describes the above student.

	Strongly Agree			Strongly Disagree	
Works well in class setting with other children	1	2	3	4	5
Respectful of adults and students	1	2	3	4	5
Participates in class activities	1	2	3	4	5
Attentive during class hours	1	2	3	4	5
Is of good moral character	1	2	3	4	5
Shows self-control in class	1	2	3	4	5

If you have circled "5" in any of the above statements, please explain below.

Was this child a discipline problem while attending this school? Y / N

If yes, please explain _____

Has this child ever had a history of aggressive behavior? _____

Has this child ever been expelled, suspended or sent to an alternative school? Y / N

If yes, please explain _____

Is there any additional information about this child that you feel would benefit us in making a decision regarding acceptance into our program? _____

**Thank you for your time. If you should need assistance or have any questions about our organization, please feel free to call Vicki Carroll @ 615-330-7875

Send To:
CHET
4040 Marydale Dr.
Nashville, TN 37207